



Application For Student Membership

Return Your Application To:
ISES CANADA
312 Oakwood Court
Newmarket, ON L3Y 3C8
Phone: 905-898-7434
866-729-ISES (7434)
Fax: 905-895-1630
Web: www.isescanada.ca

Last Name _____ First _____ Middle Initial _____

Address _____

City _____ State/Province _____ Zip Code _____

Country _____

Phone _____ Fax _____

Email _____

Educational Institution in Attendance _____

Student Membership Eligibility and Dues

These dues are in effect through June 30, 2009

Student Membership

Dues
\$40.00 CDN

The below criteria apply for all applicants to be eligible for ISES student membership.

- Students can be part or full time and must be enrolled in a recognized certificate program.
- The School Program Coordinator will communicate student enrollment information and registration confirmation. These school liaisons will be contacted by ISES International upon a student applying for membership to ISES.
- All students must have their Program Coordinator sign their application for membership
- Student members must volunteer for ten (10) hours to their ISES chapter per year, helping with chapter meetings, mailings, and other chapter business.
- Students will not have a listing in the ISES Membership book or on the ISES web site, use Member Discounts, can not vote on chapter business or hold an office in ISES.
- Students will not be permitted to use the ISES logo on business cards or any promotional material.
- Student memberships can be held for a maximum of two years (Additional years beyond two will be addressed by ISES and the schools' Program Coordinator).

Statement by Program Coordinator

As an instructor in the area of special events, I have read this application, student status, and attest to its accuracy.

Instructor's Name _____

Educational Institution _____

Contact Phone Number _____

Instructor's Signature _____ Date _____

ISES Contacted Program Coordinator on _____ Confirm Status ____ Yes ____ No

Method of Payment

Annual Dues may be paid by Visa, MasterCard or American Express by completing the information below.

Bill my Visa MasterCard

Card No. _____

Expiration Date _____

Name as appears on card _____

Cardholder's Signature _____

Dues
\$40.00 CDN

I have enclosed my payment by check