



IEEE CONSULTANTS NETWORK OF LONG ISLAND

LICN
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Malverne, New York 11565-0411
516-379-1678 (voice mail)

I hereby apply for membership in the IEEE Consultants Network of Long Island. I have read the IEEE Consultants Network Constitution and Code of Ethics and agree to abide by the rules of conduct embodied therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

MEMBER INFORMATION FORM

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_
Home address \_\_\_\_\_ Business name \_\_\_\_\_
Town \_\_\_\_\_ State \_\_\_\_\_ Business address \_\_\_\_\_
ZIP \_\_\_\_\_ Home phone \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_
e-mail \_\_\_\_\_ ZIP \_\_\_\_\_ Business phone \_\_\_\_\_
FAX \_\_\_\_\_
URL \_\_\_\_\_

Education:

Degree \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_
Degree \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_
Degree \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_
Degree \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

>Honors \_\_\_\_\_

Other relevant training/information \_\_\_\_\_

IEEE Member number \_\_\_\_\_ Grade \_\_\_\_\_ Member since \_\_\_\_\_

Relevant licenses \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Year \_\_\_\_\_

Number of years as consultant: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Services, skills offered \_\_\_\_\_

Do not write in this space:

Member grade applied for: [ ] Associate [ ] Member