

**ACADEMIC MEMBER APPLICATION**

Name of Institution:

Department:

City:

State:

Zip:

Name of Principal Contact:

Phone:

E-mail:

Title:

Fax:

**Complementary individual memberships are requested for the following faculty members:**

1.

2.

Academic Institutions may list up to two faculty members to act as the Institution's representatives within the ISSEA. (Please note that student memberships are not included with Academic Membership)

Please include individual membership applications for the Representatives listed above. (Fees on individual apps. Do not apply.)

**Billing Information**

N/A for Academic Institutions

Name:

Title:

Mail Stop:

Business Address

City

State

Zip

**For Use by ISSEA Office**

Date received:

Date approved:

Sustaining Member Number: