



IEEE CONSULTANTS NETWORK OF LONG ISLAND

LICN
PO Box 411
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