

# APPLICATION FOR IESNA MEMBERSHIP

Based upon this membership criteria, I hereby make application for admission to the classification of

Member  Associate  Individual Subscribing Member  Individual Subscribing Associate  Student

Ms.  Mr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address: business/home (circle one) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Professional Affiliations \_\_\_\_\_

Date of Birth \_\_\_\_\_

College \_\_\_\_\_

Degree \_\_\_\_\_

Date of graduation \_\_\_\_\_

All applicants must include this information.

**STUDENT applicants must be full-time. A copy of your college ID or bursar's receipt must be included with this application.**

### Employment experience:

Include employer, position responsibilities, title and date. You may attach a resume instead of using the listing below. Attach additional sheets if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Membership services will be received upon payment.

Check enclosed  Bill me  Bill my company

Charge to my  AMEX  Visa  MasterCard  PayPal

Signature of applicant \_\_\_\_\_

Account No.: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of sponsor (OPTIONAL) \_\_\_\_\_

Sponsor IESNA Member No.: \_\_\_\_\_

NOTE: A SPONSOR must be an IESNA member in good standing who supports an individual's application for membership. Having a sponsor is not a prerequisite for membership.

### FOR IESNA OFFICE USE ONLY

Sec: \_\_\_\_\_ Reg: \_\_\_\_\_ ABC: \_\_\_\_\_ Date: \_\_\_\_\_

Ind #: \_\_\_\_\_

### IMPORTANT INFORMATION

(Please check ONE in each category. Your application cannot be processed without this information.)

Principal business of your firm:

- A. Architecture
- B. Consultant
- C. Lighting design
- D. Government
- E. Electrical utility, including government owned
- F. Education
- G. Electrical distributor or wholesaler
- H. Electrical contractor
- I. Manufacturer of sources
- J. Manufacturer of luminaires and portable lamps
- K. Manufacturer of lighting accessories or materials
- W. Manufacturer's representative
- L. Interior design
- M. General User (non-lighting mfr., store, theater, etc.)
- N. Other \_\_\_\_\_

### Your title or position

- O. President, partner, owner, corporate officer
- P. Manager, general, plant, production, etc.
- Q. Lighting engineer, designer or specialist
- R. Engineer, registered
- S. Architect
- T. Independent consultant
- U. Salesperson
- V. Other \_\_\_\_\_

Fax to 631-470-0894

Or mail to:

**IESNA Long Island Section**

185 Buffalo Avenue

Freeport, New York 11520