

Membership Enrollment Form

Surname: _____ First Name _____ Mr. ___ Ms. ___ Dr. ___

Company: _____

Position /Title _____ Division /Section _____ IRELAND SECTION ___

Home Address: _____

Work Address: _____

Work Telephone _____ Mobile number _____

Work E-mail _____ Home E-mail _____

Birth Date (day/month/year) ___ ___ ___ Have you ever been an ISA member (yes/no) _____

Highest Qualification Earned: Certificate ___ Diploma ___ Degree ___ Masters ___ Doctorate ___

If a Full Time Student: Name of College _____ Date of Graduation _____

Tick One of the following as your Primary Job Function

General or Corporate Management	Plant Engineering /Maintenance	Software Engineering
Engineering Management	Measurement/Testing/Standards	Systems Integration
Control Systems Engineering	Technical/Engineering Support	Operations
Product Design Engineering	Research & Development	Education/Training
System Design Engineering	Plant Information Systems	Marketing/Sales
Production Engineering	Purchasing/Procurement	Others : Describe

Main Industry Classification of your Employer: _____

Division Membership Options: effective from 1st Jan 2009 members are entitled to TWO free divisions

11 Industries & Sciences Departments

Aerospace (B) Mining & Metals(V)
Chemical & Petroleum(G) Power Industry(O)
Construction & Design(K) Pulp & Paper(L)
Food & Pharmaceutical(R) Textile Industry(T)
Glass & Ceramics(Y) Water & Wastewater(X)

10 Automation & Technology Departments

Automatic Control Systems(M) Analysis(A)
Process Measurement & Control(H) Test Measurement(J)
Robotics & Expert Systems(C) Management(W)
Telemetry & Communications(N) Safety (S)
Computer Technology(D)

Membership Fees Options - € / \$ exchange reviewed on three monthly basis

ISA membership for 1 year : €77 / \$100 2 years €143 / \$186 3 years €204 / \$265

3 Year Student Member: €15 Additional division membership fee each: €8 / \$10

Total Amount Due: € _____

Payment Options

(A) Cheque ___ (B) Dollar Draft ___ (C) Online ___ (D) Credit Card: Type of Card _____

Credit Card Account Number: _____ Expire Date : _____

Signature: _____ **Date :** _____

Return to the membership team to john.downey@rpsgroup.com or Fax to 021-4804658