



INTERNATIONAL  
SPECIAL EVENTS SOCIETY

# Application For Student Membership

Return Your Application To:  
**ISES**  
401 North Michigan Ave  
Chicago, IL 60611-4267 USA  
Phone: 312-321-6853  
800-688-ISES (4737)  
Fax: 312-673-6953  
Web: www.ises.com

**To ensure your information is accurately entered into the database, please print clearly.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

ISES Chapter \_\_\_\_\_

Educational Institution in Attendance \_\_\_\_\_

## Student Membership Eligibility and Dues

**These dues are in effect through June 30, 2011**

**Student Membership**

**Dues**  
\$35.00 USD

**The below criteria apply for all applicants to be eligible for ISES student membership.**

- Students can be part or full time and must be enrolled in a recognized certificate program.
- All students must have their Program Coordinator sign their application for membership
- Student members must volunteer for ten (10) hours to their ISES chapter per year, helping with chapter meetings, mailings, and other chapter business.
- Students will not have a listing in the ISES Membership book or on the ISES web site, can not use Member Discounts, can not vote on chapter business or hold an office in ISES.
- Students will not be permitted to use the ISES logo on business cards or any promotional material.
- Student memberships can be held for a maximum of two years (Additional years beyond two will be addressed by ISES and the schools' Program Coordinator).

## Statement by Program Coordinator

As an instructor in the area of special events, I have read this application, student status, and attest to its accuracy.

Instructor's Name \_\_\_\_\_

Educational Institution \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Method of Payment

Annual Dues may be paid by Visa, MasterCard or American Express by completing the information below.

Bill my    Visa            MasterCard            American Express

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Dues**  
\$35.00 USD

I have enclosed my payment by check

ISES operates as an International organization; however, all payments are to be made in U.S. Dollars. **Dues are non-refundable.**