



Instrumentation and Control Society MEMBERSHIP APPLICATION

Please enclose payment together with this application

Professional Excellence

- Member (\$50/-) Any person working in the fields of instrumentation/control, and interested in the objectives of the Society
- Student (\$20/-) Enrolled as a full-time student

Name and Address

Preferred Mailing Address Sex Date of Birth Please Print Or Type All Information Requested
Sponsored by Company?

Home M Yes
 Company F No

Name: Prof/Dr/Mr/Mrs/Miss/Madam: _____
Company: _____ Company Phone : _____ Mobile Phone: _____
Home Phone: _____
Works/Division/Dept: _____ Home Address: _____
Address: _____
E-mail : _____

Employment and Professional Data

Your job title: _____ Number of years in instrumentation: _____
What is the primary end product manufactured or service performed at your company location: _____
 Check here if no manufacturing is done at your location
Check Your Primary Job Function (Check Only One)

<input type="checkbox"/> General or Corporate Management	<input type="checkbox"/> Operations or Maintenance
<input type="checkbox"/> Product Design Engineering including applied R&D	<input type="checkbox"/> Purchasing
<input type="checkbox"/> Systems Design Engineering including applied R&D	<input type="checkbox"/> Education
<input type="checkbox"/> Production Engineering process or manufacturing	<input type="checkbox"/> Sales-manufacturer's
<input type="checkbox"/> Evaluation. Quality Control. Standards. Reliability. Test Engineering	<input type="checkbox"/> Sales-other
<input type="checkbox"/> Basic Research	<input type="checkbox"/> Other Describe

Membership in other professional societies (give name and grade) _____

Education

Education	Name	Yrs Attended	Date Graduated	Degree	Major
Technical Institute	_____	_____	_____	_____	_____
College or University	_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____	_____

Technical Interest Areas

Check the 3 areas below of greatest interest in you

<input type="checkbox"/> Aerospace	<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Microprocessor Application	<input type="checkbox"/> Signal Processing
<input type="checkbox"/> Analysis	<input type="checkbox"/> Environmental	<input type="checkbox"/> Mining & Metallurgy	<input type="checkbox"/> Software Engineering
<input type="checkbox"/> Automatic Control	<input type="checkbox"/> Food	<input type="checkbox"/> Nuclear	<input type="checkbox"/> Standards & Practices
<input type="checkbox"/> Biomedical	<input type="checkbox"/> Glass & Ceramics	<input type="checkbox"/> Optimization Techniques	<input type="checkbox"/> System Engineering
<input type="checkbox"/> CAD/CAM	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Power Systems	<input type="checkbox"/> Telecommunication
<input type="checkbox"/> Chemical & Petroleum	<input type="checkbox"/> Management	<input type="checkbox"/> Process Measurement & Control	<input type="checkbox"/> Telemetry
<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Marine Sciences	<input type="checkbox"/> Pulp & Paper	<input type="checkbox"/> Test Measurement
<input type="checkbox"/> Control Theory	<input type="checkbox"/> Marketing & Sales	<input type="checkbox"/> Quality Control	<input type="checkbox"/> Transportation
<input type="checkbox"/> Control Valves	<input type="checkbox"/> Metrology	<input type="checkbox"/> Research	<input type="checkbox"/> Wastewater Treatment
<input type="checkbox"/> Education	<input type="checkbox"/> Metals	<input type="checkbox"/> Robotics	

Completed Application with payment should be sent to:

Instrumentation & Control Society
PO Box 278
Singapore Post Centre
Singapore 914010

For official use only Date of approval: _____

Grade : _____

Membership number: _____

Signature of Applicant: _____

Date: _____ Signature of Membership Committee Chairman: _____