



INTERNATIONAL COUNCIL ON SYSTEMS ENGINEERING
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 World Wide Web URL=http://www.incose.org/

ACADEMIC COUNCIL MEMBERSHIP APPLICATION

1. ACADEMIC ORGANIZATIONAL INFORMATION

ORGANIZATION _____	TELEPHONE _____		
DIVISION OR DEPARTMENT _____			
ADDRESS _____	MAIL STOP _____		
CITY _____	STATE _____	ZIP _____	COUNTRY _____
APPROXIMATE NUMBER OF SYSTEMS ENGINEERING STUDENTS: <input type="checkbox"/> Less than 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> 100 - 200 <input type="checkbox"/> 200 - 500 <input type="checkbox"/> Greater than 500			
APPROXIMATE NUMBER OF SYSTEMS ENGINEERING FACULTY MEMBERS: <input type="checkbox"/> Less than 10 <input type="checkbox"/> 10 - 20 <input type="checkbox"/> 20 - 50 <input type="checkbox"/> Greater than 50			
COURSES TAUGHT IN CONJUNCTION WITH SYSTEMS ENGINEERING: <input type="checkbox"/> Design Engineering <input type="checkbox"/> Industrial Engineering <input type="checkbox"/> Information Technology <input type="checkbox"/> Manufacturing Engineering <input type="checkbox"/> Program Management <input type="checkbox"/> Software Engineering <input type="checkbox"/> Other _____			

2. ACADEMIC REPRESENTATIVE DESIGNATION

NAME _____ TITLE _____

E-MAIL _____ WORK PHONE _____ FAX PHONE _____

MAILING ADDRESS (if different from above) _____

Website _____

3. ANNUAL DUES

<p style="text-align: center;">Corporate Advisory Board Academic Member</p> <p style="text-align: center;">\$ 3,750 per year</p>	<p style="text-align: center;">BENEFITS</p> <ul style="list-style-type: none"> Publicity as a Systems Oriented Organization; Recognition in <i>INSIGHT</i> Membership Directory Notification of INCOSE Meetings; Summary of INCOSE Proceedings Recognition in INCOSE Journal Complimentary Executive Registration at International Symposium * Position on the Corporate Advisory Board and Academic Council Ability to make available INCOSE products to faculty, staff, and students <p><small>*Council representative responsible for own travel & accommodations</small></p>
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4. AUTHORIZED SIGNATURE

SIGNATURE _____ DATE _____

TITLE _____