



INTERNATIONAL COUNCIL ON SYSTEMS ENGINEERING
 7670 Opportunity Rd, Suite 220, San Diego, CA 92111 (USA)
 Phone: (858) 541-1725 or (800) 366-1164
 Fax: (858) 541-1728 Email: info@incose.org
 http://www.incose.org/

CORPORATE ADVISORY BOARD MEMBERSHIP APPLICATION

1. ORGANIZATIONAL INFORMATION

ORGANIZATION		TELEPHONE	
DIVISION (if applicable; please attach organization chart)			
ADDRESS		MAIL STOP	
CITY	STATE	POSTAL CODE	COUNTRY
PRINCIPAL ACTIVITY: <input type="checkbox"/> Academia <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit			

Corporate/Government Members Only: Complete the information below:

NUMBER OF EMPLOYEES IN THIS ORGANIZATION OR DIVISION (*basis for membership fee*):
 < 30 (very small) < 1000 (small) 1000 – 50,000 (medium) > 50,000 (large)

APPROXIMATE NUMBER OF SYSTEMS ENGINEERS IN THIS ORGANIZATION OR DIVISION:
 < 10 10– 50 51 – 100 101 – 500 501 – 1000 >1000

PRINCIPAL PRODUCT AREA: There are several standard coding systems to classify businesses based on their products and services. Please specify one or more codes for your company or division using one of the following classification systems:
 North American Industry Classification System ([NAICS](#)), Standard Industrial Classification ([SIC](#)), International Standard Industrial Classification of All Economic Activities ([ISIC](#)), *or* Nomenclature des Activités Économiques dans la Communauté Européenne ([NACE](#)) code (specify):

FOR COMMERCIAL COMPANIES, APPROXIMATE ANNUAL REVENUE:
 < \$1M \$1M - \$10M \$10M - \$100M > \$100M Non Profit Gov't

Academic Members Only: Complete the information below

APPROXIMATE NUMBER OF STUDENTS IN SYSTEMS-ORIENTED PROGRAMS, INCLUDING SYSTEMS ENGINEERING:
 < 50 50 – 100 100 - 200 200 – 500 > 500

APPROXIMATE NUMBER OF SYSTEMS-ORIENTED FACULTY MEMBERS, INCLUDING SYSTEMS ENGINEERING:
 < 10 10 – 20 20 – 50 > 50

SYSTEMS-ORIENTED PROGRAMS OFFERED (CHECK AS MANY AS APPLY):

<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"/> Systems Engineering	<input type="checkbox"/> Other (specify):	

2. REPRESENTATIVE DESIGNATION

NAME _____ TITLE _____

E-MAIL _____ WORK PHONE _____

MAILING ADDRESS (if different from above) _____

Website _____

3. INITIATION FEE (first year only) / ANNUAL DUES*

\$ none / 4,750* (academia)

\$ none / 2,500* (very small)

\$ 5,500 / 4,750* (small)

\$ 6,500 / 6,000* (medium)

\$ 7,500 / 7,250* (large)

*dues are payable the first and all subsequent years. Initiation fee is paid on the first year only with the annual dues

- Number of included Associate Members: academic 300, very small 20, small 150, medium 200, large 300
- Additional AMs \$35/person/year
- Multi-year memberships are available at a 5% discount for three (3) years, or 10% for five (5) years

BENEFITS SUMMARY (subject to change **)

- Member Services
- Product Previews, Technical Positions (public)
- eNote, eNewsletter
- INSIGHT Magazine (available at a discount through Wiley)
- Systems Engineering Journal
- Past Symposia Papers and Proceedings
- Selected INCOSE Technical Products and Services
- SE Handbook (softcopy)
- Selected On-line INCOSE Produced Tutorials
- Opportunity to submit candidate(s) for one of the ten allocated CAB slots for INCOSE's Institute for Technical Leadership (TLI) each year
- Informational Webinars
- Membership Directory
- Notification of INCOSE Meetings
- Representative Role on the Corporate Advisory Board (CAB chair has a voting seat on INCOSE BoD)
- Complimentary Executive Registration at International Symposium (**excludes Very Small Organization due to the low membership fee**) (CAB representative is responsible for own travel & accommodations)

** Note: The official benefits list is maintained in the INCOSE Membership Benefits Matrix, which is available on the INCOSE website or from the CAB Chair.

4. AUTHORIZED SIGNATURE

NAME (Please print) _____

SIGNATURE _____ DATE _____

TITLE _____

5. BILLING CONTACT

NAME _____ TITLE _____

E-MAIL _____ WORK PHONE _____

MAILING ADDRESS (if different from above) _____