



**Application for ISMETA  
Student Membership  
Please type or print clearly**

Name: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Company/Organization/Affiliation: \_\_\_\_\_

**MEMBERSHIP FEE:**

**\$25** for students of an ISMETA approved training program  
*(see our brochure or website for a list of ISMETA approved training programs)*  
\_\_\_\_ Payment sent in mail (with a copy of this cover page)  
\_\_\_\_ I have paid online

Please include documentation that you are currently enrolled in an ISMETA Approved Training Program. A signed letter from the program director or business office is sufficient.

I, (signature) \_\_\_\_\_ attest, under the penalty of perjury that the enclosed documents are truthful.