





# The International Federation of Nonlinear Analysts



## IFNA Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
*First Middle Last Salutation*

**Personal Information (please print)**

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*City State/Province Zip/Postal code Country*

**Telephone (office):** \_\_\_\_\_  
**(home):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer or school:** \_\_\_\_\_

**Education (highest degree):**  
College or University: \_\_\_\_\_  
Major: \_\_\_\_\_  
Degree earned: \_\_\_\_\_  
Gender:  Male  Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Employer or School (check one):**  
 University       Government       College (4-yr)       Industry/Corporation\*  
 College (2-yr)       Nonprofit       Technical Institute       Other

**Type of work (check one)**  
 Administrative/Mgmt       Research       Consulting       Student  
 Teaching       Other

**\*Industry Type (if employed in industry)**

- Aerospace & Defense       Medical Devices Diagnostics       Business Consulting
- Petroleum & Exploration       Chemicals & Materials       Pharmaceutical & Biotechnology
- Computer & Systems       Science & Engineering Consulting       Electronic, Instruments
- Software       Energy & Systems       Telecommunications & Networks
- Finance & Insurance       Transportation & Automotive       Other \_\_\_\_\_

**How did you hear about IFNA?**

- Conference       E-mail       Referred by colleague       Search engine
- IFNA publication       Student chapter       Flyer       Web       Other

**Primary Professional Interests:** \_\_\_\_\_

**Membership Type**

<b>Regular Member</b>	\$ 60	<input type="checkbox"/>	<b>Educational Affiliate</b>	\$250	<input type="checkbox"/>
<b>Academic Member</b>	\$100	<input type="checkbox"/>	<b>Industrial Affiliate</b>	\$500	<input type="checkbox"/>
<b>Student Member</b>	\$ 10	<input type="checkbox"/>	<b>Governmental Affiliate</b>	\$400	<input type="checkbox"/>

**Five-year Membership**

Regular Members	\$250	<input type="checkbox"/>
Academic Members	\$400	<input type="checkbox"/>

**Life-time Member** (for individuals 60 years of age or older)

\$600     

**Payment Amount (all rates in US\$)**

Total due for membership selected above:      \$ \_\_\_\_\_

Optional donation to IFNA:      \$ \_\_\_\_\_

**My total amount is**      \$ \_\_\_\_\_

**Payment Method**

Please enclose check or money order in US dollars made payable to IFNA with this application and mail to the address listed below. IFNA will also accept payment by credit card or check.

- American Express       VISA       Master Card       Check

Account number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing address: \_\_\_\_\_

**Applicant's Signature**

I verify that all the statements made on this application are true. This application cannot be processed without a signature.

Signature: \_\_\_\_\_

This membership form can also be filled online at [www.ifnaworld.org](http://www.ifnaworld.org).

c/o Rebecca Wooten for IFNA, University of South Florida, PHY 319, 4202 East Fowler Avenue, Tampa, FL, 33620, USA .

An official nonprofit educational organization approved under section 501(c) (3).