



Professional Membership Application

GENERAL INFORMATION						
SURNAME	FIRST	MIDDLE	CELL / TELEPHONE () -			
INDICATE YOUR ADDITIONAL INTEREST TO APPLY FOR: <input type="checkbox"/> WILL YOU LIKE TO PARTNER WITH A MENTOR <input type="checkbox"/> WILL YOU LIKE TO BE MENTOR FOR A MEMBER			Do you belong to any other IT/Internet association? E-MAIL ADDRESS: ALTERNATE EMAIL ADDRESS			
ADDRESS:	STREET	APT /SUITE #	CITY	PROV /STATE	POSTAL CODE / ZIP	COUNTRY
EMPLOYMENT/SELF-EMPLOYED						
COMPANY/ORGANIZATION					TITLE	
FULL TIME STUDENT, SPECIFY INSTITUTION					DAY TIME TELEPHONE	
PROFESSIONAL PROFILE (WRITE AS THIRD PERSON) CHECK IF YOU DO NOT WANT YOUR PROFILE TO BE PUBLISHED <input type="checkbox"/>						
<i>Please provide by email: an 80- words profile including contact information and a photo.</i>						
SKILLS INDEX (MARKETABLE SKILLS AS YOU WOULD LIKE TO BE INDEXED IN SIP DIRECTORY (ONLINE & PRINT)						
PLEASE LIST YOUR TOP SIX COMPETENCIES / SKILLS AND LENGTH OF EXPERIENCE IN EACH OF THESE (YEARS), THEY WILL BE USED FOR MEMBERSHIP DIRECTORY						
1. _____ () 2. _____ ()						
3. _____ () 4. _____ ()						
5. _____ () 6. _____ ()						
LENGTH OF YOUR PROFESSIONAL WORK EXPERIENCE RELATED TO THE INTERNET						
CAN WE APPROACH YOU FOR CORPORATE SPONSORSHIP? <input type="checkbox"/>				I AM WILLING TO HELP SIP AS A VOLUNTEER: <input type="checkbox"/> :		
I am interested in SIP Programs & services -outlined above (please check one or more boxes)						
<input type="checkbox"/> HEALTH SAVING PLAN <input type="checkbox"/> GROUP HEALTH (PRESCRIPTIONS, DENTAL, TRAVEL) INSURANCE <input type="checkbox"/> VIRTUAL/HOSTED PBX PHONE SYSTEM						
<input type="checkbox"/> PAYMENT: \$500 FOR LIFE TIME MEMBERSHIP <input type="checkbox"/> PAYMENT ENCLOSED <input type="checkbox"/> PAID BY PAYPAL <input type="checkbox"/> TO BE INVOICED <input type="checkbox"/> CREDIT CARD						
<input type="checkbox"/> FOR ANNUAL MEMBERSHIP \$100 PER YEAR <input type="checkbox"/> PAID BY PAYPAL <input type="checkbox"/> TO BE ADVISED TO PAY VIA PAYPAL						
I agree to abide by Membership Agreement & SIP Code of Ethics (to be sent), Privacy Policy and wish to subscribe to SIP mailing list.						
Signature of applicant: _____						Date: _____

