Society of Internet Professionals
www.sipgroup.org
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120 Carlton Street, Suite 305, Toronto, ON M5A 4K2 CANADA
Phone: (416) 891-4937 • www.sipgroup.org • email: rsvp@sipgroup.org

SIP Membership Application

GENERAL INFORMATION

NAME	MAIN PHONE	CELL /TELEPHONE
		-

Address	CITY, PROVINCE, COUNTRY, PC / ZIP
Do you belong to any other IT/Internet association?	E-MAIL ADDRESS: .....

Select one or more
☐ looking for work ☐ student ☐ employed ☐ self-employed ☐ other .....

HOW DID YOU FIND OUT ABOUT SIP? .....

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 (YEARS) OF EXPERIENCE IN EACH, THEY WILL BE USED FOR MEMBERSHIP SKILLS SEARCH

1. _____ ( ) 2. _____ ( )

3. _____ ( ) 4. _____ ( )

5. _____ ( ) 6. _____ ( )

THE LENGTH OF YOUR PROFESSIONAL WORK EXPERIENCE RELATED TO THE INTERNET .....

I AM INTERESTED IN AFFINITY AND PROGRAMS

☐ Home Insurance ☐ Auto Insurance ☐ Health (Dental & Prescription) Insurance ☐ Website Design ☐ SEO
☐ Web Hosting ☐ Business Phone System ☐ Entrepreneur Leadership Program ☐ Professional Code of Ethics

☐ I am interested to help-out SIP as a Volunteer ☐ I am already/have volunteered with other organisations, listed below:

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☐ I agree to subscribe to SIPpost, our News brief.
Please subcribe to our free monthly Tech Brief Newsletter, announcing SIP Events and Programs at:
http://sipgroup.org/SIPpost-signup.html

☐ I wish to apply for Membership (Fee $50).
Please pay online using secure PayPal payment service: http://sipgroup.org/professional.html

Signature of applicant: ..... Date: .....

My 80 words Profile

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Please provide:
1. An 80-words profile about you to be listed on our online Members Directory
2. Your (profile) photo
email to rsvp@sipgroup.org: