



Licensing Executives Society
(U.S.A. and Canada), Inc.



Advance your career.



Hone your skills.

For over *fifty* years, the **Licensing Executives Society** has been the leading association for professionals engaged in the licensing, transfer, use, development, commercialization and marketing of intellectual property.



Grow your network.

Join LES.

www.lesusacanada.org/join



Membership Application

Personal Information

DR. MR. MRS. MS.

NAME FIRST MI LAST

TITLE EMPLOYER

MAILING ADDRESS

CITY STATE ZIP/POSTAL CODE COUNTRY

PHONE FAX

EMAIL ADDRESS WEBSITE ADDRESS

Communication Preference: Email Mail Local Chapter Affiliation: _____

Which age group do you belong to: 18-24 25-34 35-44 45-54 55-64 65 and over

Referral: _____

Rules of Conduct: View at www.lesusacanada.org/rulesofconduct

I have read the Rules of Conduct of the Licensing Executives Society (U.S.A. and Canada), Inc. and agree to abide by them.

APPLICANT'S SIGNATURE DATE

Professional Title/Function

Please indicate which category best describes your profession:

- C-level Executive Level Vice President Director Associate Technology Transfer Professional
- Attorney Consultant Student Retired Other (specify): _____

Industry Sectors

Please indicate two (2) Industry Sectors in which you are currently active for the indexes in the annual membership directory. Rank these selections (1 and 2).

- Chemicals, Energy, Environmental & Materials
- Consumer Products
- High Technology
- Industry-University-Government Interface
- Life Sciences

Organization Type

Please check the one that best describes your employer's organization. Tiered discounts are available for organizations with two or more members. Visit www.lesusacanada.org/join for details.

- Corporation
- University/Government/National Lab
- Financial Services/Investments
- Law Firm
- Consultant/Service Provider
- Other (specify): _____

Payment Information

LES is a Calendar-Year Membership (Jan 1-Dec 31)

Please Mark One:

- \$395 Standard Professional \$195 Members Emeritus
- \$55 Student | Graduation Date: _____

Please Submit Form with Payment Via:

ONLINE www.lesusacanada.org/join

FAX 703.435.4390

MAIL LES (USA & Canada)
11130 Sunrise Valley Drive | Suite 350 | Reston, VA 20191

OR Visit www.LESUSACanada.org/join to become a member

Please Make ALL Payments in U.S. Dollars

- Check or Money Enclosed—PAYABLE to: LES (USA & Canada)
- Credit Card: AmEx VISA MasterCard

ACCOUNT NUMBER CVV EXP. DATE

CARDHOLDER'S SIGNATURE DATE

BILLING ADDRESS (If different from above)

CITY STATE ZIP/POSTAL CODE COUNTRY