Individual Membership Application Form

Contact Info

Last Name: ___________________  First Name: ___________________

Nickname: ___________________  Organization: ___________________

Mailing Address: ___________________

City: ___________________  State/Province: ___________________

Zip/Postal Code: ________________  Country: ___________________

Business Phone: ________________  Home Phone: ________________

Fax: ________________  E-mail: ________________

Demographics

Member Number: ________________  Member Since: ________________

Are you:  ☐ Retired  ☐ Life Member  ☐ SCS Award Honoree  ____________________

(award or honor name)

Job Sector:  ☐ Government  ☐ Industry  ☐ Academia  ☐ Consultant  ☐ Other ________________

Job Function: ___________________

Highest Degree: ___________________  Year of Degree: ____________

How many years have you been working in modeling, simulation or a related field? ________________

Description of your field of work: ___________________

Areas of Interest

Please indicate which areas you are actively interested or experienced in.  (Please select all that apply)

THEORY & METHODOLOGY

☐ Applied Mathematics
☐ Bond Graph Modeling
☐ Complexity
☐ Continuous Systems
☐ DEVS Methodology
☐ Discrete Systems
☐ Economics of Simulation
☐ Experimental Design
☐ Fuzzy Systems
☐ Human Factors
☐ Man-in-the-Loop
☐ Operations Research
☐ Petri Nets
☐ Probability & Statistics
☐ Queueing Systems
☐ Soft Computing
☐ Standards
☐ System Dynamics
☐ Verification, Validation &
☐ Accreditation

TOOLS & TECHNOLOGY

☐ Agent-Based Systems
☐ Artificial Intelligence
☐ Cluster Computing
☐ Distributed Interactive Simulation
☐ Expert Systems
☐ Fossil Power Plant Simulators
☐ High Level Architecture
☐ High Performance Computing
☐ Human Behavior Representation
☐ Modelica
☐ M&S Environments
☐ Neural Networks
☐ Nuclear Power Plant Simulators
☐ Object Oriented Technology
☐ Parallel & Distributed Computing
☐ Quantitative Simulation
☐ Reconfigurable Computing
☐ Simulation Languages
☐ Simulation System architecture
☐ Spreadsheet Modeling
☐ Synthetic Natural Environments
☐ Training Simulators
☐ Virtual Reality/Environments
☐ Visualization, Graphics & Animation
☐ Web-based Environments

APPLICATIONS IN SCIENCE & ENGINEERING

☐ Adaptive Systems
☐ Aerospace
☐ Air Traffic Control
☐ Automotive Systems
☐ Biomedical & Medicine
☐ CAD/CAM/COM
☐ Computer Architecture
☐ Computer Networks
☐ Defense Systems
☐ Ecological & Environmental Systems
☐ Electronics
☐ Electro-optics
☐ Embedded Systems
☐ Geophysical Systems
☐ Manufacturing
☐ Marine Applications
☐ Materials Science
☐ Mobile communications
☐ Multimedia
☐ Performance Optimization
☐ Power Plant Simulation
☐ Real Time Systems
☐ Robotics
☐ Semiconductor Design
☐ Telecommunications Systems

EDUCATION, TRAINING & THE PROFESSION

☐ Curricula & Academic Programs
☐ Ethics in Modeling & Simulation
☐ Modeling & Simulation in Education
☐ Professional Certification

APPLICATIONS IN SOCIAL SCIENCES & HUMANITIES

☐ Artificial Life
☐ Business Applications
☐ E-Commerce
☐ Economics
☐ Entertainment & Games
☐ Transportation & Traffic

APPLICATIONS IN MANAGEMENT, PLANNING & FORECASTING

☐ Emergency Planning & Management
☐ Financial Planning
☐ Information & Decision Support Systems
☐ Infrastructure Planning & Design
☐ Inventory & Production
☐ Scheduling

http://www.scs.org

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Order Info

Membership Service Levels:

☐ Professional Membership  $140/yr (USD)  $________
☐ Regular Membership  $85/yr (USD)  $________
☐ Retiree Membership**  $60/yr (USD)  $________
☐ Student Membership*  $30/yr (USD)  $________

*Please send us a photocopy or scan of your student ID card
** Contact office to provide proof of retiree status

TOTAL $________

Payment Info

Credit Card Payments:

☐ MasterCard  ☐ Visa  ☐ American Express  ☐ Other _______________________

Name on Card: ___________________________________________________________

Card Number: ___________________________________________________________

Expiration Date: ___________________________  CVV: _______________________

Billing Address: _________________________________________________________

________________________________________

________________________________________

Signature: _________________________________  Date: ____________________

SEND TO: The Society for Modeling & Simulation International (SCS)
2598 Fortune Way, Suite I
Vista, CA 92081
Phone: (858) 277-3888
Fax: (858) 277-3930
E-mail: scs@scs.org