

**Council of Engineering Management Academic Leaders – CEMAL**

**Membership Application Form**

Please complete the following membership application form to be added as a member of CEMAL. Your email address will also be added to our CEMAL listserve. Thank you!

**Program Information:**

University Name:

School or Department:

Complete Mailing Address:

Degree levels (check all that apply): BS: \_\_\_\_\_ MS: \_\_\_\_\_ Ph.D.: \_\_\_\_\_ Other: \_\_\_\_\_

ABET Accredited (Yes/No):        YES        NO

URL for program website:

**Primary Point of Contact Information:**

First and Last Name:

Title:

Email Address:

Phone Number: