

ASPE MEMBERSHIP APPLICATION MEMBERSHIP INCLUDES NATIONAL, STATE, AND LOCAL CHAPTER

First	MI	Last
Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Have you been a member of NSPE in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please send my NSPE Correspondence and Publications to: <input type="checkbox"/> Business <input type="checkbox"/> Home		

BUSINESS INFORMATION (please print)

Business Name :	Title:		
Business Address:	City:	State:	Zip Code:
Business Phone:	Business Fax:	Business E-mail	

PERSONAL INFORMATION

Home Address:	Home phone:	Home Fax:
City:	State:	Zip Code:
Personal e-mail	I am licensed in the following states:	
Professional Licensure : <input type="checkbox"/> PE <input type="checkbox"/> EIT	<input type="checkbox"/> Not Licensed	<input type="checkbox"/> Student

NSPE INTEREST GROUP (NSPE MEMBERS AUTOMATICALLY QUALIFY TO JOIN ONE OF FIVE PRACTICE-SPECIFIC ENGINEERING INTEREST GROUPS)

<input type="checkbox"/> Construction	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Government	<input type="checkbox"/> Industry	<input type="checkbox"/> Private Practice
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EDUCATION

Undergraduate Degree:	Major:	College/University:	Graduation date: / /
Graduate Degree:	Major:	College/University:	Graduation date: / /

SPONSORSHIP * Sponsorship must be for full paying, new or renewing NSPE members.

Who may we thank for referring you to NSPE **Members Name** _____ **ID Number** _____

SIX MONTHS FREE OFFER VALID THROUGH DECEMBER 2011

<input type="checkbox"/> Licensed Member * \$220 I hold a valid license as a Professional Engineer in the U.S. or Canada (or international equivalent)	<input type="checkbox"/> Member * \$220 I am an EI/EIT, or a graduate of an engineering program accredited by the Accreditation Board of Engineering and Technology (ABET) (or international equivalent).	<input type="checkbox"/> Student FREE * I am a full-time student in an undergraduate or graduate engineering program accredited by ABET with my anticipated graduation date shown above
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I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the requirements of the NSPE code of ethics. I also pledge to support the constitution, bylaws and board policies (as they are now and as they may be amended) of NSPE and my State Society.

Applicant Signature: _____ Date: / /

PLEASE RETURN APPLICATION TO: NSPE P.O. BOX 631162 BALTIMORE MD 21263-1162 OR FAX TO: (703) 836-4875

NSPE USE ONLY:	No	State	Chap	Grade	N Pay	S Pay	C Pay	NCT10
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*New member rates cover national, state, and chapter dues for your first year only. These rates may vary depending on your state and chapter participation; please contact member services at 1-888-285-NSPE for participating states. Renewal rates vary depending on your state and chapter. Membership rates and requirements are subject to change. Contributions (or gifts), dues and fees to NSPE are not tax deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and business expenses. A portion of national and state society dues is not deductible to the extent that NSPE and your state society engage in lobbying.