

**NSPE 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**

Who may we thank for referring you to NSPE	<b>Members Name</b>	<b>ID Number</b>
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**SPECIAL INTRODUCTORY RATES! OFFER VALID THROUGH DECEMBER 2012**

<input type="checkbox"/> <b>Licensed Member \$220</b> I hold a valid license as a Professional Engineer in the U.S. or Canada (or international equivalent)	<input type="checkbox"/> <b>Member \$220</b> 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"/> <b>Student FREE</b> I am a person who is enrolled full-time in an ABET-accredited engineering program or an engineering or pre-engineering program that has an articulated or transfer agreement with ABET or an accredited program.
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Payment Dues Amount \$	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> CHECK	<input type="checkbox"/> BILL ME
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Credit Card No.:	Cardholder's Name:
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Exp. Date: / /	Signature
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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: / /
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**PLEASE RETURN APPLICATION TO: NSPE P.O. Box 418276 Boston, MA 02241-8276 OR FAX TO: (703) 836-4875**

NSPE USE ONLY:	No	State	Chap	Grade	N Pay	S Pay	C Pay	WEB12
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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.