



COLLEGIATE MEMBERSHIP APPLICATION FORM

- New Student Member... Student Member Reinstatement/Renewal...

SWE Membership year is July 1-June 30. Dues for collegiate applicants are not reduced after January 1; no application fees apply.

PERSONAL INFORMATION

First Name: Initial: Last Name:

Parental/Permanent Address (Preferred Mail Preferred E-mail)

Street Address: Apt/Unit: City: State/Province: ZIP: Country: Tel: E-mail: Mobile:

School Address (Preferred Mail Preferred E-mail)

Street Address: Apt/Unit: City: State/Province: ZIP: Country: Tel: E-mail:

The following items are optional and gathered for statistical purposes only. They are managed with confidentiality and are not criteria for membership.

- Gender: Female Male Date of Birth... Ethnic Origin: Black/African American American Indian/Alaskan Native Hispanic White Asian/Pacific Islander Other... I do not wish to have my name and address released... I do not wish to receive the SWE Magazine...

EDUCATION (Expected degree and anticipated graduation date required.)

Table with 4 columns: College University Name, Degree (B.S., M.S., etc.)*, Discipline/Major, Date of Degree

TECHNICAL EXPERIENCE (Not a requirement for membership)

Table with 4 columns: Employer, Job Title, Dates of Employment, Duties/Responsibilities

PAYMENT

- Check Enclosed (Checks payable to SWE in US Funds) Credit Card: Visa MasterCard American Express Discover

Credit cardholder name as it appears on the card Signature Credit Card Number Exp. Date