

PROFESSIONAL MEMBERSHIP APPLICATION FORM

YOU CAN APPLY, RENEW OR UPGRADE ONLINE AT WWW.SWE.ORG/MEMBERSERVICES

PERSONAL INFORMATION

Send Mail to: Home Business Alternate

Send Email to: Home Business Alternate

Last Name	Maiden Name	First Name	Middle Initial	Suffix (P.E., P.L.S., Ph.D., etc.)
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Street Address	Apt/Unit#	City	State/Province	Postal Code	Country
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Phone (include area code)	Email address	Customer ID
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Business or Alternate Street Address	Suite/Unit#	City	State/Province	Postal Code	Country
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Business or Alternate Phone (include area code)	Fax	Business or Alternate Email address
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Professional members are assigned to the section or member-at-large region based on preferred mailing address. If you prefer a different assignment, specify the name of the section or MAL region: _____

(The following items are optional and provided for grant proposals and scholarship awards. It is confidential and is not criteria for membership.)

Gender: Female Male Date of Birth (month/day/year) _____

Ethnic Origin: Black/African American American Indian or Alaskan Native Hispanic White Asian or Pacific Islander Other

I do not wish to have my name and address released to SWE affiliated member benefit vendors.

I do not wish to receive SWE Magazine (sorry, no dues reduction).

EDUCATION

COLLEGE/UNIVERSITY NAME	DEGREE (B.S., ETC.)*	DISCIPLINE/MAJOR	DATE OF DEGREE*

MEMBERSHIP CATEGORIES AND DUES

Membership Category	Annual Rate 7/1 - 6/30	Half-year Rate 1/1-4/30
<input type="checkbox"/> New Associate / Professional Member	\$120	\$70
<input type="checkbox"/> New (<input type="checkbox"/> Unemployed or <input type="checkbox"/> Retired) Professional Member.....	\$70	\$45
<input type="checkbox"/> K-12 Educator Member.....	\$20	\$20
<input type="checkbox"/> New Recent Grad (graduated within the last 24 months).....	\$70.....	\$45
<input type="checkbox"/> Life Member.....	\$2,000 donation	
<input type="checkbox"/> Senior Member (Please visit www.swe.org/memberservices to become a senior member)		

HQ Use Only: Member Grade _____ Section/MAL _____

PAYMENT

Check Enclosed (Checks payable to SWE in U.S. Funds) Credit Card: Visa MasterCard American Express Discover

Credit Cardholder name as it appears on the card

Signature

Credit Card Number

Exp. Date

MAIL APPLICATION TO: SWE, Department 20-1023, PO Box 5940, Carol Stream, IL 60197-5940

Tel: 312.596.5223

Fax: 312.596.5252

Email: membership@swe.org

Website: www.swe.org

Note:

Professionals will receive the highest eligible membership grade based on information submitted with this application. Dollar figures listed above for Professional and Recent Graduate applicants joining for the first time include a one-time \$20 application fee. Dues for New Professional member applicants are reduced 50% between Jan 1 and Apr 30; the application fee is not reduced. Dues for Collegiate and Collegiate Member Transition applicants are not reduced after Jan 1; no application fee applies. Dues submitted after Apr 30 are effective immediately and apply through the next fiscal year. Joint membership options with AISES, NSBE and SHPE are available on the online application. Membership Dues are non-refundable.