

SOCIETY OF WOMEN ENGINEERS—MEMBERSHIP APPLICATION FORM

230 East Ohio Street, Suite 400, Chicago, IL 60611-3265

Tel: 312.596.5223 Fax: 312.596.5252 E-mail: hq@swe.org Website: www.swe.org

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

MEMBERSHIP CATEGORIES AND DUES

Membership year is July 1-June 30

Membership Category	Fiscal Year	Jan 1-Apr 30
<input type="checkbox"/> New Professional Member	\$120.....	\$70
<input type="checkbox"/> New Professional Member (<input type="checkbox"/> Unemployed or <input type="checkbox"/> Retired)	\$70.....	\$45
<input type="checkbox"/> New International Member whose country of residence is eligible for 50% discount (<i>for listing see www.swe.org</i>).....	\$70.....	\$45
<input type="checkbox"/> New International Member whose country of residence is eligible for 25% discount (<i>for listing see www.swe.org</i>).....	\$95.....	\$57.50
<input type="checkbox"/> Professional Reinstatement—Former collegiate members not eligible for recent graduate reinstatement	\$100.....	\$50
or former professional members whose dues have lapsed for more than one fiscal year		
<input type="checkbox"/> Professional Reinstatement (<input type="checkbox"/> Unemployed or <input type="checkbox"/> Retired)—Former member whose dues have	\$50.....	\$25
lapsed for more than one fiscal year		
<input type="checkbox"/> K-12 Educator Member—Must be full-time K-12 educator	\$20.....	\$20
<input type="checkbox"/> International Member Reinstatement whose country of residence is eligible for 50% discount (<i>for listing see www.swe.org</i>) ..	\$50.....	\$25
<input type="checkbox"/> International Member Reinstatement whose country of residence is eligible for 25% discount (<i>for listing see www.swe.org</i>) ..	\$75.....	\$37.50
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<input type="checkbox"/> Recent Graduate—Graduated in the past 24 months but not a former collegiate member	\$70.....	\$45
<input type="checkbox"/> Recent Graduate (Unemployed)—Graduated in the past 24 months but not a former collegiate member	\$45.....	\$32.50
<input type="checkbox"/> Recent Graduate Reinstatement—Former collegiate member who graduated within the past 24 months	\$50.....	\$25
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<input type="checkbox"/> Collegiate Member Transition to Professional Member—Must have graduated in the past 12 months	\$20.....	\$20
<input type="checkbox"/> Professional Upgrade to a higher membership grade—Must be current professional member	N/A	N/A
<input type="checkbox"/> Corporate-Sponsored Member—Payment included with corporate membership application.....	N/A	N/A

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 Professional and Recent Graduate applicants are reduced 50% between Jan 1 and Apr 30; the application fee is not reduced. Dues for Professional Reinstatement applicants are reduced 50% between Jan 1 and Apr 30; no application fee applies. 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.

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

EDUCATION

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

**Applicants must provide Degree and Graduation Date.*

PERSONAL INFORMATION

Send Mail to: Home Business Alternate

Send E-mail to: Home Business Alternate

Last Name _____ First Name _____ Middle Initial _____ Suffix (P.E., P.L.S., Ph.D., etc.) _____

Street Address _____ Apt/Unit# _____ City _____ State/Province _____ Postal Code _____ Country _____

Phone (include area code) _____ E-mail address _____

Business or Alternate (if applicable) _____

Street Address _____ Suite/Unit# _____ City _____ State/Province _____ Postal Code _____ Country _____

Phone (include area code) _____ Fax _____ E-mail address _____

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 gathered for statistical purposes only. They are managed with confidentiality and are 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).

Please send me information on Life Membership. *You can visit www.swe.org/lifemember to receive this information instead.*

Sponsored by: _____ Sponsor's Section/MAL Region: _____

The president of the professional section, member of the senate or a region governor must sponsor non-technical applicants. Sponsorship is optional for all other applicants. Sponsors are eligible for individual membership awards.

TECHNICAL EXPERIENCE

List most recent employer and position first. If you have held more than two positions, please attach resume.

Employer _____

Job Title _____ From Year to Year _____

Duties & Responsibilities _____

Employer _____

Job Title _____ From Year to Year _____

Duties & Responsibilities _____

What is your principal function? (check one)

- | | |
|---|--|
| <input type="checkbox"/> General/Corporate Management | <input type="checkbox"/> Plant Engineering Management |
| <input type="checkbox"/> Engineering Management | <input type="checkbox"/> Science/Physics/Mathematics |
| <input type="checkbox"/> Project Engineering Management | <input type="checkbox"/> Engineering (not specified elsewhere) |
| <input type="checkbox"/> Research & Development Management | <input type="checkbox"/> Marketing/Sales |
| <input type="checkbox"/> Design Development Engineering | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Production Engineering (processing or manufacturing) | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Testing, reliability, quality control standards | <input type="checkbox"/> Education/Teaching |
| | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Other (please specify) _____ |

EIT/FE certified Professional Engineer (list up to three states) _____

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