

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"/> Professional Reinstatement—Former student members not eligible for recent graduate reinstatement or former professional member whose dues have lapsed for more than one fiscal year	\$100	\$50
<input type="checkbox"/> Professional Reinstatement (<input type="checkbox"/> Unemployed or <input type="checkbox"/> Retired)—Former member whose dues have..... lapsed for more than one fiscal year	\$50	\$25
<input type="checkbox"/> Recent Graduate—Graduated in the past 24 months but not a former student member	\$70	\$45
<input type="checkbox"/> Recent Graduate (Unemployed)—Graduated in the past 24 months but not a former student member	\$45	\$32.50
<input type="checkbox"/> Recent Graduate Reinstatement—Former student member who graduated within the past 24 months	\$50	\$25
<input type="checkbox"/> New Student Member—Must be a college student and not employed full-time in engineering.....	\$20	\$20
<input type="checkbox"/> Student Member Upgrade to Professional Member—Must have graduated in the past 12 months	\$20	\$20
<input type="checkbox"/> Student Member Reinstatement/Renewal—College student not employed full-time in engineering	\$20	\$20
<input type="checkbox"/> Professional Upgrade to a higher membership grade—Must be a 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 Students and Student Member Upgrade applicants are not reduced after Jan 1; no application fee applies. Dues submitted after Apr 30 are for the next fiscal year.

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*

*Students must provide Expected Degree and Graduation Date.

HQ Use Only: Member Grade _____ Section/MAL _____ ID# _____ Ballot # _____ Check # _____

PERSONAL INFORMATION

Send Mail to: Home Business Alternate/School

Send E-mail to: Home Business Alternate/School

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

Street Address (students: enter a parental or permanent address) _____ Apt/Unit # _____ City _____ State/Province _____ Postal Code _____ Country _____

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

Business or Alternate/School (if applicable) _____

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

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

Student members are assigned to the student section if there is one on campus. Professional members and other student 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 a professional section, member of council of representatives or a director 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 (not required for students).

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 _____

