



**Georgia Society of
Professional Engineers**

233 Peachtree Street
Harris Tower, Suite 700
Atlanta, GA 30303
P (404) 521-2324 F (404) 521-0283
E-Mail: info@gspe.org

**JOIN
GSPE
TODAY!**

SELECT YOUR LOCAL CHAPTER

- | | | | |
|---------------|--------------------------|---------------|--------------------------|
| Atlanta Metro | <input type="checkbox"/> | Northeast | <input type="checkbox"/> |
| Augusta | <input type="checkbox"/> | Northwest | <input type="checkbox"/> |
| Cobb | <input type="checkbox"/> | Savannah | <input type="checkbox"/> |
| Columbus | <input type="checkbox"/> | South Georgia | <input type="checkbox"/> |
| Middle GA | <input type="checkbox"/> | West Georgia | <input type="checkbox"/> |

MATHCOUNTS

The Georgia Society of Engineers host the annual state MATHCOUNTS competition. The competition encourages middle school students to compete, excel in math and display their knowledge and skills. To ensure the continued success of the MATHCOUNTS and assist with the strengthening of a competitive mathematic America, please make a donation to the GA MATHCOUNTS Competition. \$ _____

GSPE MEMBERSHIP APPLICATION: MEMBERSHIP INCLUDES STATE AND LOCAL CHAPTER

| | | |
|---|---|--|
| First | MI | Last |
| Date of Birth: / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | Have you been a member of GSPE in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please send my GSPE Correspondence and Publications to: <input type="checkbox"/> Business <input type="checkbox"/> Home | | |

BUSINESS INFORMATION (please print)

| | | | |
|-------------------|---------------|-----------------|-----------|
| Business Name : | | | Title: |
| Business Address: | City: | ST: | 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 |

EDUCATION

| | | | |
|--|---|---------------------|----------------------|
| Undergraduate Degree: | Major: | College/University: | Graduation date: / / |
| Graduate Degree: | Major: | College/University: | Graduation date: / / |
| Would you like to make a donation to GSPE Scholarship Fund: <input type="checkbox"/> YES <input type="checkbox"/> NO | Donation Amount: \$ _____ Thank for supporting a future engineer's education. | | |

SPECIAL INTRODUCTORY RATES! OFFER VALID THROUGH July 2010

| | | |
|--|---|--|
| <input type="checkbox"/> Licensed Member \$139 * I hold a valid license as a Professional Engineer in the U.S. or Canada (or international equivalent) *To include NSPE membership select membership box below. <u>CHECK HERE FOR NSPE MEMEBERSHIP:</u> | <input type="checkbox"/> Member \$135 * 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"/> Member an additional \$110 | <input type="checkbox"/> Student \$0 * 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. <input type="checkbox"/> Student \$0 |
| Total Payment 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 |
| Credit Card No.: | Cardholder's Name: | |
| Exp. Date: / / | Signature | |
| I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the requirements of the GSPE 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 GSPE and my Local Society. | | |
| Applicant Signature: | Date: / / | |

PLEASE RETURN APPLICATION TO: GSPE 233 Peachtree Street Harris Tower, Ste 700 Atlanta, GA 30303 OR FAX TO: (404) 521-0283

| | | | | |
|-------------------|----------|-------------|----------------|---------|
| GSPE USE ONLY: No | Chapter: | Online Pay: | Mailed In Pay: | CC Pay: |
|-------------------|----------|-------------|----------------|---------|