



Mississippi Engineering Society

A state society of the National Society of Professional Engineers

MEMBERSHIP APPLICATION

Membership includes national, state and local chapter

5425 Executive Place, Ste. D, Jackson, MS 39206 Phone: (601) 366-1312 Fax: (601) 366-1312 msengsoc@bellsouth.net www.msengsoc.org

Name _____
FIRST MI LAST

Preferred E-mail Address: _____ Birth Date: ____/____/____
MM DD YY

Employer: _____ Job Title: _____

Preferred Mailing Address: Work or Home

WORK ADDRESS HOME ADDRESS

WORK ADDRESS HOME ADDRESS

CITY STATE ZIP CITY STATE ZIP

(____) (____) (____) (____) (____) (____)
PHONE FAX PHONE FAX

NSPE Practice Division: Construction Education Government Industry Private Practice

Undergraduate Degree: _____ Major: _____ College/University: _____ Graduation Date: ____/____/____
MM YY

Graduate Degree: _____ Major: _____ College/University: _____ Graduation Date: ____/____/____
MM YY

Professional Licensure: PE EI/EIT Not Licensed

I am licensed in these states: _____

Name of current member who encouraged you/sponsored you to join: _____

Licensed Member – \$215

I hold a valid license as a Professional Engineer in the U.S. or Canada (or international equivalent)

Member – \$215

I am an EI/EIT, or a graduate of an engineering program accredited by the Accrediting Board of Engineering and Technology (ABET) (or international equivalent)

Student – \$3

I am a full-time student in an undergraduate or graduate engineering program accredited by ABET or an engineering or pre-engineering program that leads to engineering licensure (or international equivalent)

Payment Dues Amount \$ _____ VISA MASTERCARD Check Bill Me

Credit Card #: _____ Exp. Date: ____/____/____
MM DD YY

Cardholder's Name: _____ Signature: _____

I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the requirements of the NSPE 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 NSPE and my State Society.

Applicant Signature Date

PLEASE RETURN APPLICATION TO: MES, 5425 Executive Place, Suite D, Jackson, MS 39206 or FAX to: (601) 366-1312

MES USE ONLY

No _____ State _____ Chap _____ Grade _____ N Pay _____ S Pay _____ C Pay _____

New member rates cover national, state, and chapter dues for your first year only. Renewal rates vary depending on your state and chapter. Membership rates and requirements are subject to change. Contributions (or gifts), dues and fees to NSPE are not tax deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary business expenses. A portion of national and state society dues is not deductible to the extent that NSPE and your state society engage in lobbying.