

MES MEMBERSHIP APPLICATION MEMBERSHIP INCLUDES NATIONAL, STATE, AND LOCAL CHAPTER

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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: NSPE P.O. Box 418276 Boston, MA 02241-8276 OR FAX TO: (703) 836-4875				
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