



AMERICAN SOCIETY OF HIGHWAY ENGINEERS

INCORPORATED 1958, HARRISBURG, PA.

MEMBERSHIP APPLICATION

Name _____ Date _____
(first) (middle) (last)

RESIDENCE ADDRESS:

Street _____ City _____
State _____ Zip/Postal Code _____
Phone _____ E-Mail _____
Fax _____

YOUR EMPLOYER:

Company Name _____ Job Title _____
Street _____ City _____
State _____ Zip/Postal Code _____
Phone _____ E-Mail _____
Fax _____

Please send my American Society of Highway Engineers correspondence to my Residence Work Place

EDUCATIONAL BACKGROUND:

High School:

High School _____
Course _____ Graduation Date (m / y) _____

Undergraduate Degree:

College / University _____
Major _____ Graduation Date (m / y) _____

Graduate Degree:

College / University _____
Major _____ Graduation Date (m / y) _____

PROFESSIONAL LICENSURE:

Registered Engineer Land Surveyor-in-Training Not Licensed
 Registered Land Surveyor Engineer-in-Training Other _____

Primary State: _____ Registration No.: _____ Certification Date: _____

MEMBERSHIP APPLICATION (continued)

Total Years Experience in the Highway Industry (briefly describe) _____

Work Sector (check one):

DOT _____ City _____ County _____ Federal _____ Consultant _____ Contractor _____ Supplier _____ Other (explain) _____

Work Specialty (check one):

Design _____ Construction _____ Inspection _____ Survey _____ CADD _____ Maintenance _____ Other (explain) _____

If accepted, I will abide by the Constitution, By-Laws and Code of Ethics of American Society of Highway Engineers

Signature _____ Date _____

FOR USE BY SECTION:

APPLICATION FOR: ADMISSION TRANSFER

Received by Section _____

Action of Membership Committee _____

Action of Board of Directors _____

Sponsoring Member _____

(Signature, do not print)

Above signatures of Membership Committee, at least two Directors and the Sponsoring Member, indicate that the Applicant has been evaluated and experience as indicated on the front of this application has been verified and all agree with admission to membership.

FOR USE BY NATIONAL SOCIETY

Approved _____ Date _____

Initiation Fee Received and Recorder _____

No Fee for Transfer _____

AMERICAN SOCIETY OF HIGHWAY ENGINEERS

Make checks payable to *ASHE Cuyahoga Valley Section* in the amount of \$50.00 and mail to Rob Graham, M-E Companies., 4150 Belden Village Street, Suite 104, Canton, OH 44718