

ASCE MEMBERSHIP DUES

(2002/2003)

SECOND INVOICE*

To be filled by all members:

Name _____

Professional affiliation _____

Address:

Street and number _____

City _____ State _____ Zip or Country _____

E-Mail: _____ Phone No. () _____

In order to avoid incorrect address, we would like a current members to please fill out the entire membership due form.

It is very important for you give us your email in block letters. This will avoid misspelled words. We would like to avoid delays in your receiving updates of the News Clipping because errors in home or email address.

Please select type of membership by circling the corresponding category and return this form to us in the enclosed envelope, along your check or money order payable to ASCE.

Our address is: ASCE, P.O. Box 7372, Silver Spring MD. 20907-7372.

Membership Category:

Student	\$ 20
Regular	\$ 60 – add \$10 if outside of the U.S.A.
Sponsor	\$ 100 to \$ 250
Benefactor	Over \$ 250
Amount enclosed	\$ _____

* Please disregard, if you have already paid.