One Time Initiation Fee \$ 20.00

Total Amount Due \$ _____

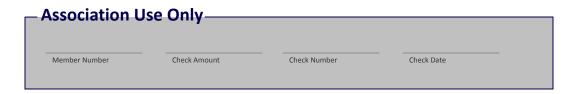


P.O. Box 1706 Jackson, MS 39215-1706

Phone (601) 948-3178 Fax (601) 948-3078

MEMBERSHIP APPLICATION

Personal Information			Business Information				
Name			Firm or Company Name				
Home Address			Title or Position				
City	State	Zip	Business Address				
Phone	_		City	State	Zip		
Email			Phone	Fax			
Where would you like your mail se Home Busines			Email				
Mississippi Licens	sure		Other Licenses	s			
Professional Engineer	License Number		State	License Number			
Engineer Intern	License Number		State	License Number			
Education							
Bachelor's Degree	Institution		Date				
Master's Degree							
Doctorate	Institution		Date				
	Institution		Date				
Other	Institution		Date				
- Membership Categories and Dues Schedule							
Professional Member	Individuals who are actively en	gaged in the practice of s	tructural engineering and who are I	Mississippi licensed Professional Engineers	\$95.00_		
Associate Member Individuals who are actively engaged in the practice of structural engineering and who are not Mississippi licensed Professional Engineer							
Retired Member	Individuals who are retired from the practice of structural engineering						
Student Member	Individuals who are full-time college students						
Affiliate Member	mber Individuals who work outside the structural engineering profession						
Corporate Member Organizations who have an interest in supporting the structural engineering profession (Designated individual may participate at "Member" rates, others at "Non-Member" rates)					\$ _260.00		
		Please make checks	s payable to "SEAoMS"	One Time Initiation Fee	¢ 20.00		



Membership Participation

Annual Meeting
Building Code and Code Advisory
Membership and Public Relations
Programs and Continuing Education
Awards and Scholarships

Membership Profile

Primary Responsibility	Primary Category	Primary Activity
Design	Bridges and Highways	Structural Engineer
Construction	Buildings	Civil Engineer
Management	Power	Educator
Owner	Industrial	Architect
Other	Other	Estimator
		Inspector
		Marketing
		Other

Member Signature

I herby state that the information provided is true and accurate, and that I will abide by the Association By-laws.

Signature Date