LOUISIANA ENGINEERING SOCIETY

A state society of the National Society of Professional Engineers

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MEMBERSHIP APPLICATION

Tell us about yourself…

Name: _____ Birthdate: _____/_____/_____
First Middle Initial Last

Sponsor's Name: (If applicable – Not Required) _____Circle one: Male / Female

Work and Home Addresses

Employer: _____

Please mail to: ☐ Home ☐ Work

Home _____ Work _____
Address Address

_____ _____
City, State, Zip City, State, Zip

_____ _____
Phone Fax Phone Fax

_____ _____
email email

Professional and Educational Experience

Practice Division Interest: ☐ Construction ☐ Private Practice ☐ Government ☐ Industry ☐ Education

Preferred Chapter _____
(If Known)

Undergraduate Degree: _____Major_____College/Univ._____Graduated_____/_____

Graduate Degree: _____Major_____College/Univ._____Graduated_____/_____

Professional Licenses: ☐ P.E. State: _____ License number: _____ License Year: _____

☐ E.I. State: _____ License number: _____ License Year: _____

Member Grades and Dues Schedule

☐ P.E. Member:	P.E. registration in any state or U.S. territory or province of Canada.	$203.00
☐ E.I. Associate over 30:	E.I. certification in any state; or a graduate engineer ABET accredited engineering program, actively pursuing an engineering career or engaged in post graduate study.	$203.00
☐ E.I. Associate under 30:	E.I. certification in any state; or a graduate engineer ABET accredited engineering program, actively pursuing an engineering career or engaged in post graduate study.	$183.00
☐ Student:	Enrolled in a full-time graduate or undergraduate engineering curriculum.	$ 5.00

New member rates covers national, state, and chapter dues. Dues includes subscription to the Louisiana Engineering and Surveyor Journal and PE Magazine. Payments may be deductible under Internal Revenue Code, but are not deductible as charitable contributions.

Payment

Membership services will begin upon approval of application and receipt of full payment. Please make checks payable to LES.

Amount enclosed: $_____ ☐ Check ☐ Visa ☐ M/C

Card number: _____ Exp. _____/_____ Signature: _____

FOR OFFICE USE ONLY

Date joined: ___/___/___ Chapter: _____ Mem. Grade: _____ Bill date: ___/___