

APPLICATION FOR ASSOCIATE / STATE ONLY MEMBERSHIP

1		Mrs. Miss	Name	<u>-</u>	
ation	Home		Address		
General Membership Information				Fax	
ΙQ			E-Mail		
irshi	Work	K	Your Title		
nbe			Name of Company	/Firm	
Met			Address		
stal					
Fene			Phone	Fax	
\	T2 M - 21			here you would like information sent.	
9	I do do not hold a license to practice engineering. (If applicable) I hold license(s) in the following				
T a	state(s): My profession is				
I am currently a member of the following professional organizations:			g professional organizations:		
Membership	I do do not hold a license to practice engineering. (If applicable) I hold license(s) in the following state(s): My profession is I am currently a member of the following professional organizations: I declare that I will comply with the Constitution and By-Laws for the Montana Society of Engineers and that I understand the duties and obligations there under to be undertaken by me. I will uphold the 'Code of Ethics for Engineers' as published by the National Society of Professional Engineers. I certify that each and all of the foregoing statements are true and correct.				
E	Signature Date				
	I enclose my check for \$50.00 (payable to Montana Society of Engineers) being prepayment for first annual dues. I understand that this amount will be returned to me if I am not admitted. Payment to state and local components are not deductible as charitable contributions for federal income tax purposes, however they may be deductible under other provisions of the Internal Revenue Code.				