

# NEW GRADUATES: UPGRADE YOUR ASCE MEMBERSHIP

PLEASE COMPLETE TODAY TO UPGRADE TO PROFESSIONAL  
MEMBERSHIP AND GET YOUR FIRST YEAR FREE!



MR. MRS. MS.

LAST FIRST MIDDLE SUFFIX (JR., III)

PERMANENT STREET\*

CITY

STATE/PROVINCE/COUNTRY

ZIP/POSTAL CODE

PERMANENT E-MAIL (NON .EDU) CELL PHONE

DATE OF GRADUATION \_\_\_\_\_ DEGREE (CIRCLE ONE) BS MS PHD

SCHOOL NAME

CURRENTLY AN ASCE MEMBER:  YES  NO

DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*This is typically a parent address or long-term address.

In joining or renewing my ASCE membership: 1) I declare the information provided is accurate and complete, to the best of my knowledge; 2) I affirm my commitment to abide by the ASCE Code of Ethics; and 3) I understand that I may receive electronic communications from ASCE in accordance with our Privacy Policy and my expressed communication preferences. I may unsubscribe from ASCE communications at any time.