



Maryland Society of Professional Engineers

AFFILIATE APPLICATION
Introductory dues rates valid through July 2003

A state society of the National Society of Professional Engineers

Membership in MDSPE and NSPE is open only to licensed Professional Engineers, Engineering Interns, Engineers-in-Training, graduates of undergraduate engineering programs accredited ABET within the past five years, graduates of graduate engineering programs accredited ABET within the past year, and full-time students in engineering programs accredited by ABET or an engineering or pre-engineering program that leads to engineering licensure.

Any other person of high moral character who does not otherwise qualify as a Licensed Member, Member or Student may be granted Affiliate status in the state society and local chapter. Annual fee for an affiliate is \$99.

An Affiliate is entitled to participate in all MDSPE activities at member rates, to participate in MDSPE and chapter meetings, to receive the MDSPE newsletter, to receive other MDSPE mailings. An Affiliate is not permitted to vote in Society or Chapter matters.

Name: _____
FIRST MI LAST

Preferred E-mail Address _____ Birthdate: ____/____/____
MM DD yy

Employer: _____ Job Title: _____
Please send my MDSPE/NSPE Correspondence and Publication To: [] Work or [] Home

WORK ADDRESS _____ HOME ADDRESS _____

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Maryland Chapter:
 ANNAPOLIS (Anne Arundel County) BALTIMORE (Baltimore City & Howard County) CHESAPEAKE (Baltimore & Harford Counties)
 FREDERICK (Fredrick County) HAGERSTOWN (Washington County) POTOMAC (Mont. & Prince Geo.'s Counties)
 AT LARGE

Undergraduate Degree: _____ Major: _____ College/University: _____ Graduation Date: ____/____/____
MM YY

Graduate Degree: _____ Major: _____ College/University: _____ Graduation Date: ____/____/____
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Name of current member who encouraged you/sponsored you to join: _____

Payment Dues Amount \$ _____ [] VISA [] MASTERCARD [] Check [] Bill Me

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Cardholder's Name: _____ Signature: _____

I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the requirements of the MDSPE code of ethics. I also pledge to support the constitution, bylaws and board policies (as they are now and as they may be amended) of MDSPE.

Applicant Signature _____ Date _____

PLEASE RETURN APPLICATION TO: MDSPE
MAIL TO P.O. BOX 12150 - BALTO., MD 21281-2150 FAX TO: (410-522-6947) EMAIL TO mspeadmin@msn.com

New Affiliate fees cover ONLY state and chapter participation for your first year. Rates and requirements are subject to change. Contributions (or gifts) dues and fees are not tax deductible as charitable contributions for federal income tax purpose. However, they may be tax deductible as ordinary and business expenses. A portion of national and state society dues is not deductible to the extent that MDSPE engages in lobbying.