

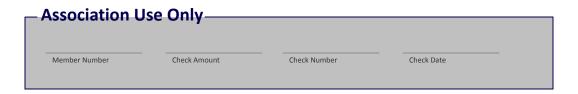
P.O. Box 1706 Jackson, MS 39215-1706

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

## **MEMBERSHIP RENEWAL APPLICATION**

Personal Information		Business Inf	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		Email			
Mississippi Licen	sure	Other Licens	ses		
Professional Engineer	License Number	State	License Number		
Engineer Intern	License Number	State	License Number		
Education					
Bachelor's Degree	Institution	Date			
Master's Degree	Institution	Date			
Doctorate	Institution	Date			
Other	Institution	Date			
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_	egories and Dues Scho			. 05.00	
Professional Member	Individuals who are actively engaged in the	e practice of structural engineering and who	are Mississippi licensed Professional Engineers	\$ _ 95.00	
Associate Member	Individuals who are actively engaged in the	e practice of structural engineering and who	are not Mississippi licensed Professional Engineer	s \$ <u>50.00</u>	
Retired Member Individuals who are retired from the practice of structural engineering					
Student Member Individuals who are full-time college students				\$20.00_	
Affiliate Member	ate Member Individuals who work outside the structural engineering profession			\$95.00_	
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 payable to "SEAoMS"



Membership Participation
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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