

Fill out this application **online** at <http://www.kyengcenter.org>

Part A - Member Information

Name: _____
FIRST* MI LAST* SUFFIX (Jr., Sr., etc) GRADE (PE, EIT, etc)

Preferred Email Address*: _____ Gender: M F Birth Date: ____ / ____ / ____
MM DD YY

Employer*: _____ Job Title: _____

Please send my KSPE Correspondence and Publications to*: Work or Home

WORK ADDRESS _____ HOME ADDRESS _____

WORK ADDRESS _____ HOME ADDRESS _____

CITY STATE ZIP CODE CITY STATE ZIP CODE

PHONE FAX PHONE FAX

Education Information

Undergraduate Degree: _____ Major: _____ College/University: _____ Graduation Date: _____

Graduate Degree: _____ Major: _____ College/University: _____ Graduation Date: _____

Local Chapter Requested: _____ Member Who Encouraged You To Join: _____
 (Find out what chapter to request by visiting the KSPE Chapters website under KSPE at <http://www.kyengcenter.org>)

Area of Interest

- Construction Higher Education Government Industry Private Practice Mining

Part B - Membership Category - Choose Your Membership Category

- LICENSED MEMBER - I hold a valid license as a Professional Engineer in the US or Canada (or international equivalent)
- MEMBER - I am an EI/EIT, or graduate of an engineering program accredited by the Accreditation Board of Engineering and Technology (ABET) (or international equivalent)
- STUDENT MEMBER - Full Time Student in an ABET accredited undergraduate or in a junior college program anticipating enrollment in an ABET accredited engineer program. Current school and anticipated graduation date must be listed above.

Part C - Membership Type - Choose Your Membership/Dues Level

- National (NSPE), KSPE & Local Chapter (Full NSPE Membership) KSPE & Local Chapter Only (Does not include NSPE Membership)

Part D - First Year Dues - Choose Your Dues

Find your first year dues amount below using your Membership Type and Membership Category. **Dues: \$**

First Year Dues	Engineer Member	Current Student
KSPE and Chapter	\$112 6 MONTHS FREE - \$56.00	\$10
NSPE + KSPE and Chapter	\$257 6 MONTHS FREE - \$133.00	\$20

Part E - Payment Method - Choose Your Payment Method

Check # _____ Credit Card Visa Mastercard Discover Bill Me

Cardholders Name: _____

Credit Card #: _____ Expiration Date: _____

Billing Address: _____

City/State/Zip Code: _____

Note: The asterisks above indicate that information which is required.