



Student Membership Application

Select Prefix: Full Name:

(Complete Both, Check Preferred Mailing Address)

University Address

Home Address

Company:
Address:
City: State/Prov:
Country: Postal Code:
Phone: Fax:
E-mail:

Address:
City: State/Prov:
Country: Postal Code:
Phone: Fax:
E-mail:
Date of Birth:

United States

Southeast/ Southwest

- Houston
- North Texas
- Oklahoma

Midwest

- Canton
- Cleveland
- Philadelphia
- Pittsburgh
- Upper Ohio Valley

Central

- Cincinnati
- Detroit

Midwest

- Chicago
- Central Illinois

West

- Seattle
- Northern California
- Portland

Eastern Canada

- Hamilton
- Toronto

Western Canada

- Alberta

International

- Europe
- Caribbean
- Latin America

Education- Degree Level:
Education - Major:
Education- Degree Level:
Education - Major:

Primary Interest Areas:

Payment Information - Student Annual Membership Dues - \$18.00

Current transcript must be included with application

Payment Method: Name on Card:
CC#: Exp Date: CID Code:
Signature:

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