



# AMERICAN SOCIETY OF HIGHWAY ENGINEERS

INCORPORATED 1958, HARRISBURG, PA.

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(first) (middle) (last)

### RESIDENCE ADDRESS:

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Fax \_\_\_\_\_

### YOUR EMPLOYER:

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Fax \_\_\_\_\_

Please send my American Society of Highway Engineers correspondence to my  Residence  Work Place

### EDUCATIONAL BACKGROUND:

#### High School:

High School \_\_\_\_\_  
Course \_\_\_\_\_ Graduation Date (m/y) \_\_\_\_\_

#### Undergraduate Degree:

College/University \_\_\_\_\_  
Major \_\_\_\_\_ Graduation Date (m/y) \_\_\_\_\_

#### Graduate Degree:

College/University \_\_\_\_\_  
Major \_\_\_\_\_ Graduation Date (m/y) \_\_\_\_\_

### PROFESSIONAL LICENSURE:

Registered Engineer  Land Surveyor-in-Training  Not Licensed  
 Registered Land Surveyor  Engineer-in-Training  Other \_\_\_\_\_

Primary State: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Certification Date: \_\_\_\_\_

# MEMBERSHIP APPLICATION (continued)

Total Number Experience in the Highway Industry (briefly describe) \_\_\_\_\_

Work Sector (check one):

DOT \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Federal \_\_\_\_\_ Consultant \_\_\_\_\_ Contractor \_\_\_\_\_ Supplier \_\_\_\_\_ Other (explain) \_\_\_\_\_

Work Specialty (check one):

Design \_\_\_\_\_ Construction \_\_\_\_\_ Inspection \_\_\_\_\_ Survey \_\_\_\_\_ CADD \_\_\_\_\_ Maintenance \_\_\_\_\_ Other (explain) \_\_\_\_\_

If accepted, I will abide by the Constitution, By-Laws and Code of Ethics of American Society of Highway Engineers

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR USE BY SECTION:

APPLICATION FOR:  ADMISSION  TRANSFER

Received by Section \_\_\_\_\_

Action of Membership Committee \_\_\_\_\_

Action of Board of Directors \_\_\_\_\_

Sponsoring Member \_\_\_\_\_

(Signature, do not print)

Above signatures of Membership Committee, at least two Directors and the Sponsoring Member, indicate that the Applicant has been evaluated and experience as indicated on the front of this application has been verified and all agree with admission to membership.

## FOR USE BY NATIONAL SOCIETY

Approved \_\_\_\_\_ Date \_\_\_\_\_

Initiation Fee Received and Recorded \_\_\_\_\_

No fee for transfer \_\_\_\_\_

**AMERICAN SOCIETY OF HIGHWAY ENGINEERS**

Make checks payable to **ASHE Cuyahoga Valley Section** in the amount of \$50.00 and mail to:  
**Rob Graham, City of North Canton, 845 West Maple St., North Canton, OH 44720**