

COLLEGIATE MEMBERSHIP APPLICATION FORM

YOU CAN APPLY, RENEW OR UPGRADE ONLINE AT WWW.SWE.ORG/MEMBERSERVICES

PERSONAL INFORMATION

Send Mail to: Home Alternate

Send Email to: Home Alternate

Last Name Maiden Name First Name Middle Initial

Street Address Apt/Unit# City State/Province Postal Code Country

Phone (include area code) Email address

Alternate Address Suite/Unit# City State/Province Postal Code Country

Alternate Phone (include area code) Alternate Email address

(The following items are optional and provided for grant proposals and scholarship awards. It is confidential and is not criteria for membership.)

Gender: Female Male Date of Birth (month/day/year): _____

Ethnic Origin: Black/African American American Indian/Alaskan Native Hispanic White Asian/Pacific Islander Other

I do not wish to have my name and address released to SWE affiliated member benefit vendors.

I do not wish to receive the SWE Magazine (sorry, no dues reduction).

EDUCATION *(Expected degree and anticipated graduation date required.)*

College University Name	Degree (B.S., M.S., etc.)*	Discipline/Major	Date of Degree

MEMBERSHIP CATEGORIES AND DUES

	Fiscal Year (7/1 to 6/30)
<input type="checkbox"/> New Collegiate Member.....	\$20
<input type="checkbox"/> Collegiate to Career (C2C).....	\$50
<input type="checkbox"/> Life Member.....	\$2,000 donation

PAYMENT

Check Enclosed *(Checks payable to SWE in US Funds)* Credit Card: Visa MasterCard American Express Discover

Credit cardholder name as it appears on the card Signature

Credit Card Number Exp. Date

MAIL APPLICATION TO: SWE, Department 20-1023, PO Box 5940, Carol Stream, IL 60197-5940

Tel: 312.596.5223

Fax: 312.596.5252

Email: hq@swe.org

Website: www.swe.org