



UNDERGRADUATE STUDENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Mr. Ms. Other: (Please circle)	First Name:	Last/Family Name:
Date of Birth:	Male Female (Please circle)	Cell Phone:
Permanent Home Address:		
City:	Province:	Postal Code:
Country: CANADA	New Member Reinstating (Please circle)	Permanent Email:

UNIVERSITY INFORMATION

University/College:		
School Home Address:		
City:	Province:	Postal Code:
Country: CANADA		
Anticipated Graduation Date:	Degree Pursued:	

MAIL PREFERENCE

I prefer to receive mailings from ASABE at:	Permanent Home	School Home	(Please circle)
I prefer to receive hard copy of <i>Resource</i> magazine:	No	Yes	(Please circle)

TECHNICAL INTEREST AREAS

Please select one primary and one secondary technical interest area: Primary: Secondary:

ASE - Applied Science & Engineering
AQ - Aquaculture
EOPD - Education, Outreach & Professional Development
ES - Energy Systems
ESH - Ergonomics, Safety, & Health
FE - Forest Engineering
ITSC - Information Technologies, Sensors & Control Systems
MS - Machinery Systems
NRES - Natural Resources & Environmental Systems
PAFS - Plant, Animal, & Facility Systems
PRS - Processing Systems

DUES & PAYMENT

Dues Amount: \$39.00 Funds are in Canadian dollars. Please make checks payable to ASABE.

I will pay by: Check Credit Card (Please circle)	Charge to: Visa MasterCard American Express Discover (Please circle)	
Name on Card:	Card Number:	
Exp Date:	Security Code:	Signature:

Please return application and payment to:

**ASABE Membership Department
2950 Niles Road
St. Joseph, MI 49085-9659 USA**

Questions? 800/371-2723, 269/429-0300; 269/429-3852 Fax; manager@csbe-scgab.ca, memb@asabe.org; www.csbe-scgab.ca; www.asabe.org