



MEMBERSHIP APPLICATION (NON-CANADIAN RESIDENTS)

APPLICANT INFORMATION

Mr. Ms. Dr. Prof. (Please circle)	Male Female (Please circle)	Graduate student: Yes No (Please circle)
New Member Reinstating (Please circle)	Date of Birth:	Name:
Home Address:		
City:	State/Province:	Zip/Postal Code:
Country: CANADA	Phone:	Email:

EMPLOYER INFORMATION

Employer:	Title:	Phone:	
Address:			
City:	State/Province:	Zip/Postal Code:	Country:
Mail Preference: Home Work (Please circle)	Hard copy of Resource magazine: No Yes (Please circle)		

EDUCATION PROFESSIONAL

Engineering Degree: Yes No (Please circle)
Degrees & University Name(s):

ENGINEERING LICENSURE

Professional Engineer (US or Canada)	Professional Engineer (Other)
Engineering Intern (Please circle)	

TECHNICAL INTEREST AREAS

Please select one primary and one secondary technical interest area.

Primary: Secondary:

Technical Interest Areas
 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

EMPLOYER TYPE

Please select your employer type:

Employer Type
 AGB - Agribusiness
 ASSN - Association
 CONS - Consultant
 DIST - Distributor
 EDUC - University/College
 ESTA - Experiment Station
 FARM - Producer
 GOVT - Government Agency
 MFC - Component Manufacturer
 MFE - Equipment Manufacturer
 PROC - Processor
 SUPL - Supplier
 Other:

DUES & PAYMENT

DUES AMOUNTS *All prices are in US dollars. Please make checks payable to ASABE.*

Graduate students: \$45 Aged 65-74: \$98
 Aged 34 & under: \$173 Aged 75+: \$13
 Aged 35-64: \$221

One-Time Application Fee: \$10

Total Amount: \$ I was referred to CSBE/ASABE by:

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; memb@asabe.org; manager@csbe-scgab.ca; www.asabe.org; www.csbe-scgab.ca