



MEMBERSHIP APPLICATION (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:	Province:	Postal Code:
Country: CANADA	Phone:	Email:

EMPLOYER INFORMATION

Employer:	Title:	Phone:
Address:		
City:	Province:	Postal Code: Country: CANADA
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 (Canada or US)	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 Canadian dollars. Please make checks payable to ASABE.

Graduate students: \$59 Aged 65-74: \$129
 Aged 34 & under: \$228 Aged 75+: \$17
 Aged 35-64: \$292

One-Time Application Fee: \$13

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