COLLEGIATE MEMBERSHIP APPLICATION FORM

120 S. LaSalle Street, #1515, Chicago, IL 60603-3572  
Tel: 312.596.5223  
Fax: 312.596.5252  
E-mail: hq@swe.org  
Website: www.swe.org

Fiscal Year  Jan 1-Apr 30

- New Collegiate Member—Must be a college student and not employed full-time in engineering ........................................ $20 .............. $20
- Collegiate Member Reinstatement/Renewal—College student not employed full-time in engineering ........................................ $20 .............. $20
- Collegiate to Career (C2C)—College through first year professional member grade ................................................................. $50 .............. $50
- Collegiate member whose country of residence is eligible for 50% discount *(for listing see www.swe.org)* ............... $10 .............. $10
- Collegiate member whose country of residence is eligible for 25% discount *(for listing see www.swe.org)* ............... $15 .............. $15

SWE Membership year is July 1–June 30. Dues for collegiate applicants are not reduced after January 1; no application fees apply. Dues submitted after April 30 will be allocated to the next year.

PERSONAL INFORMATION

First Name: ___________________________________________ Initial: ___________ Last Name: ________________________________

Parental/Permanent Address (Preferred Mail)  
Preferred E-mail
Street Address: ___________________________________________________________ Apt/Unit: __________________________
City: ________________________________ State/Province: ___________ ZIP: ________________ Country: __________________________
Tel: __________________________ E-mail: __________________________
Mobile: __________________________________________

School Address (Preferred Mail)  
Preferred E-mail
Street Address: ___________________________________________________________ Apt/Unit: __________________________
City: ________________________________ State/Province: ___________ ZIP: ________________ Country: __________________________
Tel: __________________________ E-mail: __________________________

The following items are optional and gathered for statistical purposes only. They are managed with confidentiality and are 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

______________________________  
______________________________  
______________________________  
______________________________

TECHNICAL EXPERIENCE *(Not a requirement for membership)*

Employer  
Job Title  
Dates of Employment  
Duties/Responsibilities

______________________________  
______________________________  
______________________________  
______________________________

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