

**University of California, Berkeley
 LOCAL & NATIONAL MEMBERSHIP APPLICATION**

*If you are a returning Local Member and none of the requested information has changed, please fill out only your **name, Year in School, and whether you are applying for National Membership.** Otherwise, please complete the entire form.*

To apply for National Membership, you must first become a Local Member.

Local Membership Fee: \$15/year, \$8/semester (Please make check payable to “UC Berkeley ASCE/ASUC”)

National Membership does not cost extra if the applicable Local Membership fee is paid in full.

During which semesters would you like Local Membership? (Check one only)

Fall 2010 ___ Spring 2011 Both semesters

 Last Name Suffix (e.g., Jr., III) First Name Middle Name Gender

 Major & Emphasis Degree Pursuing (e.g. BS, MS, PhD) Expected Graduation Date (Month/Year)

 Year in School E-mail Address (complete) Date of Birth (Month/Day/Year)
 (e.g. Freshman, M.S., Ph.D.)

Residential Address Information (e.g. Berkeley Address)

 Street Address

 City State Zip Code

 Telephone Number

Permanent Address Information (e.g. Parent’s Address)

 Street Address

 City State Country (if not U.S.) Zip Code

 Telephone Number

National ASCE Membership (please refer to www.asce.org for more information)

Were you previously a member of National ASCE? (Yes/No) _____

If YES, when did you join? _____ (e.g. Fall 2008) (**Renew National Membership online**)

If NO, are you applying now? _____

Student Signature _____ **Date** _____

****FOR OFFICE USE ONLY****

*Officer’s Initials _____ (*payment verified) Date _____ Check # _____ (if applicable)