



American Society of  
Agricultural and Biological Engineers

## MEMBERSHIP APPLICATION

### 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:	Phone:	Email:

### EMPLOYER INFORMATION

Employer:	Title:	Phone:	
Address:			
City:	State/Province:	ZIP/Postal Code:	Country:
Mail Preference: Home Work (Please circle)	Hard copy of <i>Resource</i> 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 OPTIONS

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

Graduate students: \$40 Aged 65-74: \$63  
Aged 34 & under: \$114 Aged 75-89: \$13  
Aged 35-64: \$150 Aged 90+: Free

One-Time Application Fee: \$10

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

Payment: 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; www.asabe.org