

# CI/AEI Corporate Membership Application



Construction Institute  
of ASCE  
1801 Alexander Bell Drive  
Reston, Virginia 20191-4400  
T: (703) 295-6390 F: (703) 295-6391  
www.ConstructionInst.org ci@asce.org

Architectural Engineering Institute  
of ASCE  
1801 Alexander Bell Drive  
Reston, Virginia 20191-4400  
T: (703) 295-6370 F: (703) 295-6371  
www.ae institute.org aei@asce.org



For Office Use Only				

**Company Name:** \_\_\_\_\_

### PRIMARY CONTACT INFORMATION

Prefix:  Mr.  Ms  Dr  Mrs.  Prof.  Other: \_\_\_\_\_ All Credentials (PhD, P.E. etc.): \_\_\_\_\_

Last Name	First Name	Middle Name	Suffix
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Preferred Mailing Address:  Residence  Work      Date of Birth: \_\_\_\_\_

#### RESIDENCE ADDRESS

#### BUSINESS ADDRESS

Street	Job Title
	Street
City/State/Zip/Country	
Telephone	City/State/Zip/Country
E-mail	Telephone
E-mail #2	Fax Number

#### EDUCATIONAL BACKGROUND

#### LICENSURE

Check here if not applicable

Undergraduate	College/University	<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training <input type="checkbox"/> Licensure not available in residence area
	Major	
	Graduation Date (month/year)	
Graduate	College/University	Primary state/country _____
	Major	Reg. # _____
	Graduation Date (month/year)	

#### PAYMENT

<input type="checkbox"/> Joint CI/AEI Corporate Membership * (includes recognition as a Corporate Member of CI and a Supporting Corporate Member of AEI) <u>Dues</u> \$6,000  <input type="checkbox"/> AEI Corporate Membership ONLY      \$750 <input type="checkbox"/> CI Associate Corporate Membership ONLY      \$750 * includes 5 individual memberships  <input type="checkbox"/> AEI Supporting Corporate Membership      \$2,000 <input type="checkbox"/> CI Corporate Membership ONLY      \$2,000 * includes 10 individual memberships  * A complete listing of benefits is provided on the back page	Amount \$ _____  <input type="checkbox"/> My check is enclosed (payable to ASCE in U.S. dollars) <input type="checkbox"/> Please charge my: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover  Credit Card Number _____ Card Holder's Name _____ Expiration Date ____ / ____
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#### Signature

I authorize the Institute to verify the information contained in this application and, to that end, to contact any educational institution, professional society, publisher, employer or other entity named or identified in this application or in any document submitted in support of this application. I hereby consent to and authorize the release and disclosure to AEI of any information, records or correspondence as required to verify the information in the application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Education Verification	Req'd <input type="checkbox"/>	Ver'd <input type="checkbox"/>	Experience	Req'd <input type="checkbox"/>	Ver'd <input type="checkbox"/>	Date	Remarks _____	CODE <input type="text"/>
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