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## American Society of Sanitary Engineering

901 Canterbury Road, Suite A  
Westlake, OH 44145-1480 USA

# Membership Application

Please read carefully, and fill in all applicable sections. Indicate the membership classification for which you are applying. Government classifications applicants must provide proof of employment to be eligible.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address:  Company  Home \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about ASSE? \_\_\_\_\_

### MEMBERSHIP CLASSIFICATION:

- ACTIVE**
- SUSTAINING** (Organization / Corporate)
- STUDENT** (Accredited University / College, Technical School or Apprenticeship Program)
- GOVERNMENT** (Proof of employment required)

### METHOD OF PAYMENT:

VISA  AmEx  Check/Money Order  MasterCard  
Credit Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ CVN\*: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

\*The Card Verification Number (CVN) is the last 3-digit number on the signature strip on the back of Visa & MasterCard and is the 4-digit number on the front of AMEX cards.

The undersigned certifies that the above statements are correct; and agrees if admitted to the Society that he will be governed by its rules as long as his membership shall continue; that he will promote the objects of the Society as far as shall be in his power.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_ Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

To qualify for the membership discount on ASSE books and publications, membership dues must be paid prior to orders being processed.