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 Web: www.ConstructionInst.org

Membership Application

For Office Use Only						

Code						

1 INDIVIDUAL MEMBERSHIP

Title: Mr. Mrs. Ms. Dr. Prof. Other: _____ Business Title: _____

Last Name	First Name	Middle	Suffix

YES! I would like to join the Construction Institute, and I was referred by: _____

I am an ASCE member and wish to select CI as my primary Institute at no additional cost.

ASCE Member ID*

*Must provide if you are currently an ASCE member.

I am an ASCE/Institute member and wish to select CI as my secondary Institute for an additional \$20/year.

I wish to join the Construction Institute without being a member of ASCE.

Personal Information Complete this section if you are not an ASCE member or if you want to correct ASCE membership data.

RESIDENCE				BUSINESS			
Address				Name of Employer			
				Address			
City		State / Province		City		State / Province	
Country		Zip Code / Postal Code		Country		Zip Code / Postal Code	
Telephone Number				Telephone Number			Ext.
Date of Birth		Social Security Number		Fax Number			
M M D D Y E A P		- - - - -		- - - - -			
Please check (<input type="checkbox"/>) below your preferred mailing address				Preferred Email			
<input type="checkbox"/> Residence		<input type="checkbox"/> Business					

2 BUSINESS/POSITION CATEGORY

Consulting	02	◇ Engineering Firm, Engineer in Private Practice	Industry/ Utility	06	◇ Commercial and/or Industrial Organizations
	01	◇ Architectural-Engineering Firm, Arch.-Eng. in Private Practice		07	◇ Producer of Building & Construction Materials
Contractors	31	◇ Engaged in Building Construction		08	◇ Manufacturer of Construction Equipment & Supplies
	33	◇ Engaged in Construction other than Buildings	Government	51	◇ Federal
	34	◇ Engaged in Both		52	◇ Regional Authority
Education	14	◇ Student		53	◇ State
	15	◇ Educator, Professor, Instructor	54	◇ Municipal/County/Township/District	
	16	◇ Library, Club, Professional or Trade Association	55	◇ Foreign	
			Other	18	◇

3 EDUCATIONAL INFORMATION

Please use appropriate abbreviations when possible. Please list all diplomas received or currently being pursued, using appropriate abbreviations (e.g. HSDipl, BSCE, MSCE, Ph.D., MBA, MSEM)

School / College / University	Dates Attended / Attending	Degree / Major	Graduation Date

4 PROFESSIONAL WORK EXPERIENCE

You may attach a recent resume in lieu of completing this section.

Employer / Name of Supervisor	Address	Length of Employment (Yrs – Mths)	Job Title / Description

How many years have you participated in the construction industry? _____

Please provide a brief statement describing your participation in the construction industry. _____

5 PROFESSIONAL LICENCES AND ASSOCIATIONS

Please list any professional licenses you may have and any professional associations of which you are a member:

Membership Category	Qualifications	Dues	Total Enclosed
Joint ASCE / CI Memberships	Current ASCE member selecting CI as their primary institute	\$0	\$ _____
	Current ASCE member selecting CI as a secondary institute	\$20	\$ _____
Individual CI-only Membership	Associate Member – Individuals under 30 years of age	\$50	\$ _____
	Member – Individuals 30 years of age & older	\$100	\$ _____
Student Membership	Full-time undergraduate or graduate student enrolled in a university or technology degree program in engineering, architecture, or other construction-related fields	\$25	\$ _____

PAYMENT BY: Check American Express Visa MasterCard Discover

Credit Card Number: _____ Expiration Date: _____ / _____

Please make checks payable to the Construction Institute.

I authorize the Construction Institute to verify the information contained in this application and, to that end, 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 the Construction Institute any information, records, or correspondence as required to verify the information in the application, which is held by any such entity identified herein.

Date: _____ Signature: _____