APPLICATION



is hereby made for membership in the

ENGINEERS CLUB OF COLUMBUS



Founded 1888

	Membership Grade:			
		□ No Referred to Club by: dress you wish mail to be sent:	(Club	Member Name)
lome Address: □			Tel.:	
usiness Name:	City	State T	`itle:	Zip Code
usiness Address: 🗆			Tel:	
-mail Address:	City	State	Fax:	Zip Code
Pate of Birth:		Spouse's First Name:		
nembership accordin	ng to the following. If elebers must be Professiona	on the reverse side, makes me eligil ected, I will conform with the Clul al Engineers registered with the O	b membershi _l	requirements.
	F	s associated with the profession of	Engineering.	
	e:	·	0 0	

Annual Dues: \$50.00

Dues payment shall accompany this application

Please make checks payable to: Engineers Club of Columbus and forward to:

Engineers Club of Columbus
Troy Kyle, P.E., Secretary
Fishbeck
One E. Campus View Blvd., Suite 310
Columbus, Ohio 43235

(please complete other side of form) www.columbusengineers.com

ACTIV	E MEMBER PROFESSIONAL RECORD
High School:	Location (City/State):
Year Graduated:	Course of Study:
College or University:	Years Attended: to
Year Graduated:	Degree:
Ohio PE Registration No.:	Engineering Branch:
	ollowing graduation (positions held, types of projects engaged, membership significant contributions to the engineering industry and profession):
	OR
ASSOCIA	TE MEMBER PROFESSIONAL RECORD
High School:	Location (City/State):
Year Graduated:	Course of Study:
College or University:	Years Attended: to
Year Graduated:	Degree:
certifications, positions held, types	of involvement with the profession of engineering (PS, EIT, SIT or AIA of projects, current nature of involvement with engineering professionals:
	FOR CLUB USE ONLY
Address Label:	
Membership Card:	
Dues Card:	