



AMERICAN SOCIETY OF HIGHWAY ENGINEERS

Delaware Valley Section

P.O. BOX 61745 • KING OF PRUSSIA, PA 19406 • (215) 546-4555

MEMBERSHIP APPLICATION

Name _____ Date _____
(first) (middle) (last)

RESIDENTIAL:

Street _____ City _____

State _____ Zip/Postal Code _____

Email _____ Phone _____

EMPLOYER:

Company Name _____ Job Title _____

Street _____ City _____

State _____ Zip/Postal Code _____

Email _____ Phone _____

Please send American Society of Highway Engineers email correspondence to my [] Residence [] Work Place

Please send American Society of Highway Engineers paper mail correspondence to my [] Residence [] Work Place

EDUCATIONAL BACKGROUND:

High School:

High School _____

Graduation Date (m/y) _____

Undergraduate Degree:

College/University _____

Major _____ Graduation Date (m/y) _____

Graduate Degree:

College/University _____

Major _____ Graduation Date (m/y) _____

PROFESSIONAL LICENSURE:

- [] Registered Engineer [] Engineer-In-Training [] Not Licensed
[] Registered Land Surveyor [] Land Surveyor-In-Training [] Other _____

Primary State: _____ Registration No. _____ Certification Date _____

MEMBERSHIP APPLICATION (continued)

Total Years Experience in the Highway Industry (briefly describe) _____

Work Sector/Employer (check one)

DOT City County Federal Consultant Contractor Supplier Other (explain) _____

Work Specialty (check one)

Design Construction Inspection Survey CADD Maintenance Other (explain) _____

If accepted, I will abide by the Constitution, By-Laws and Code of Ethics of American Society of Highway Engineers.

(These documents can be found on the ASHE Delaware Valley website (<https://delvalley.ashe.pro/>))

Signature _____ Date _____

Make checks payable to: **ASHE- Delaware Valley Section** in the amount of **\$80.00** and mail to: **ASHE Del-Val Section, P.O. Box 61745, King of Prussia, PA 19406**
OR

You can use the link provided here: <https://delvalley.ashe.pro/membership/> and scroll down to the "New Membership" Section to pay via paypal.

FOR USE BY SECTION:

APPLICATION FOR: ADMISSION TRANSFER

Received by Section _____

Action of Membership Committee _____

Action of Board of Directors _____

Sponsoring Member _____

(Signature- Do Not Print)

Above signature of Membership Committee indicate that the Applicant has been evaluated and all agree with admission to membership.

FOR USE BY NATIONAL:

Approved _____ Date _____

Initiation Fee Received and Recorded _____

No Fee for Transfer _____

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