SOCIETY OF WOMEN ENGINEERS

Membership registration form

NAME _____

CLASS (circle one) Freshman Sophomore Junior Senior Other

MAJOR _____

EXPECTED GRADUATION DATE _____

FULL-TIME OR PART-TIME STUDENT _____

E-MAIL _____

BIRTHDATE _____

T-SHIRT SIZE (optional) _____

LIST OTHER ACTIVITIES YOU ARE INVOLVED IN _____

_____

_____

_____

For statistical purposes, the following sections are optional:

RACE (circle one) White/Caucasian Black/African-American

Hispanic Native American

Asian/Pacific Islander Other _____

GPA _____

I understand that in order to remain an active member, I must attend at least 2 meetings and/or participate in at least 1 events per semester. Failure to do so will result in my removal from active membership.

If you are interested in becoming a national SWE member, you may visit www.swe.org to join. A $20 fee is required for national membership.

Member's signature _____ Date _____

Officer's signature _____ Date _____