



The Society of Hispanic Professional Engineers

5400 East Olympic Blvd, Suite 210, Los Angeles, CA 90022

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www.shpe.org membership@shpe.org

MEMBERSHIP APPLICATION FORM

(July 1 through June 30)

Mission

SHPE promotes the development of Hispanics in engineering, science and other technical professions to achieve educational excellence, economic opportunity and social equity.

APPLICATION TYPE

New Member Renewal: Have been a member since _____ Address Change Chapter Transfer

MEMBERSHIP TYPE (See reverse side for qualifications for each type)

Regular - \$45/Year Regular/Recent Graduate – No fee for the 1st Year Associate - \$35/Year Student - \$15/year

Lifetime Membership \$500 Lifetime Regular Member \$400 Lifetime Associate Member

(Membership dues for lifetime members will be waived in perpetuity)

Chapter Affiliation (Professional Chapter/School Name): University of Puerto Rico - Mayaguez Chapter

If you are currently a SHPE Officer, please indicate your position: _____

CONTACT INFORMATION

Name: _____ Birth Date (mm/dd/yy) _____ Gender: F M
First MI Last (Year Optional for Professional members)

Current Address: _____ Home Phone: _____
Cell phone: _____

Home E-mail Address: _____

PROFESSIONAL INFORMATION

How did you find out about SHPE? _____ Did someone refer you to SHPE? If so, whom? _____

Where are you filing this form? _____ Student Number: _____ What drew your attention to SHPE? _____

Are you a member of other student associations? If so, name them. _____ What brought your attention to SHPE? _____

EDUCATIONAL BACKGROUND

Degree(s) held: _____

Degree(s) currently being pursued:
 B.S. B.A. M.S. M.A. MBA Ph.D. Other: _____

Major: _____ Last/Expected Graduation Date (mo/yr): _____

University/School: _____ School Location (city/state): _____

If currently a student, what year? HS Fr So Jr Sr Masters PhD Other: _____

If currently a student, GPA? 4.0 3.99-3.5 3.49-3.0 2.99-2.5 2.49-2.0 <2.0 Decline to State

INFORMATION RELEASE

Can we include your information in the SHPE Internal Directory? Yes No

Can we release your information outside of SHPE? Yes No

Where do you prefer to receive postal mailings? Home Work

Where do you prefer to receive e-mails? Home Work

For campaign purposes, please release the following to SHPE Candidates: My email My mailing address

What do you expect to gain by joining SHPE?

NOTE: Signature Required to Process Membership Application

Signature: _____

Date: _____