

AN INVITATION TO JOIN



American Association of Bangladeshi Engineers and Architects

New York, New Jersey and Connecticut
1338 Fifth Avenue, New Hyde Park, New York 11040
Web Site: www.aabea.com e-mail: info@aabea.com

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American Association of Bangladeshi Engineers and Architects, NY-NJ-CT, Inc. (AABEA Tristate, Inc.) is a non profit professional organization dedicated to share the ideas and experiences with fellow professionals, assist in career enhancement of members and affiliates, work for the enhancement of Engineering and Architectural professions. Engineers or Architects having Bachelor degree and/or Master degree in engineering or architecture or a registered Professional Engineer (PE) or a Registered Architect (RA) in any State/Province of North America living in Tristate area are qualified for membership. Students of Engineering or Architecture may apply for Associate Membership. For further information please contact AABEA Tristate, Inc. at info@aabea.com and visit the AABEA Tristate, Inc. WEB SITE at <http://www.aabea.com>.

MEMBERSHIP APPLICATION FORM

Name: _____
(Last) (First) (Middle)

Year of Graduation: _____ Discipline: _____ College/University: _____
(Bachelor Degree) (Bachelor Degree)

Highest Degree: _____ Discipline: _____ Graduate School: _____

Professional License in Engineering or Architecture: _____ State/Province: _____

Home Address: _____
(Street) (Apt. No.)

(City) (State) (Zip Code)

Home Telephone Number: _____ Home E-Mail Address: _____
(Area Code) (Number)

Business Address: _____
(Name of Company/Agency)

(Street) (City) (State) (Zip Code)

Business Telephone Number: _____ Business E-Mail Address: _____
(Area Code) (Number)

I certify that I understand and support the goals and objectives of AABEA Tristate, Inc. I further certify that I shall abide by the constitution of AABEA Tristate and I am eligible for Membership/Associate Membership of AABEA Tristate, Inc.

() I enclose Membership fee of \$25.00 for the year 20__ () I enclose Associate Membership fee of \$10.00 for 20__

Signature of the Applicant: _____ **Date:** _____

Introduced By: _____ Telephone No: _____ AABEA Member: Yes _____ No _____

Please make Check or Money Order payable to AABEA Tristate, Inc. and mail it with signed filled-in Membership Form to:

Chairperson, Membership Committee
AABEA Tristate, Inc.
1338 Fifth Avenue, New Hyde Park, NY 11040

ACTION BY THE EXECUTIVE COMMITTEE

Application Status: () New for the year 20__ Amount: _____ Check/M.O. No. _____ Cash _____

Signature of Chairperson: _____ Date: _____ Membership Fee Receipt No. _____ & Date: _____

Signature of Treasurer: _____ Date: _____ President's Approval & Signature: _____