



American Association of Bangladeshi Engineers and Architects

New York, New Jersey and Connecticut

1338 FIFTH AVENUE, NEW HYDE PARK, NY 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 are qualified for membership. Students of Engineering or Architecture may apply for Associate Membership. For further information please contact AABEA Tristate, Inc. at aabeatristate@aol.com and visit the AABEA Tristate, Inc. WEB SITE at aabea.com.

MEMBERSHIP APPLICATION/RENEWAL FORM

Name: _____

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

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

Highest Degree: _____ Discipline: _____ Graduate School: _____

Home Address: _____

Home Tel No.: _____ Home E-mail Address: _____

Business Address: _____
(Name of Company/Agency)

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

Business Tel No.: _____ Business E-mail Address: _____

I certify that I am a bonafide / good standing member of the Association. I also certify that no disciplinary action was taken against me and I was not debarred from the activities of the Association. I further certify that I shall abide by the constitution of the Association 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 ____

Signature of the Applicant: _____ Date: _____

Please make Check or Money Order payable to AABEA Tristate, Inc. and mail it with signed Membership Renewal Form to:
 Chairperson, Membership Committee
 AABEA Tristate, Inc.
 1338 Fifth Avenue, New Hyde Park, NY 11040

ACTION BY THE EXECUTIVE COMMITTEE

Application Status: (X) **Renewal 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: _____