

Registration Form

Membership Application Form
Gateway Professional Partners Chapter
National and Local Chapter Membership

First Name: _____

Last Name: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: USA

Phone: (_____) - _____ - _____ Fax: (_____) - _____ - _____

EWB Chapter: Gateway Professional Partners Currently an EWB-USA member* _____

Profession: _____

Affiliations: ASME ASCE ASFE AIA ACEC/MO
MSPE ISPE SWE DBIA ACEC/IL
SAME IEEE AEG AIPG ENG CLUB
NAWIC CHMM APWA AGC/StL

Other: _____

Area of Interest: _____

Please submit this application and a check for \$110* made out to EWB-USA to:

Theresa Hlavinka, EIT
Black & Veatch Corporation
15450 South Outer Forty Drive
Suite 200
Chesterfield, MO 63107

Questions: 636-532-1051 ext. 111 hlavinkatm@bv.com

Fee includes:

\$100 Annual dues for EWB-USA (Professional Member)

\$10 Annual dues of \$10 for Gateway Professional Partners Chapter

*Existing members of EWB-USA only need to provide the \$10 for local Chapter dues

All funds will be forwarded to EWB-USA for processing.

Please register at www.EWB-USA.org.

Please accept my additional donation of \$_____ for the Gateway Professional Partners Chapter of Engineers Without Borders.

Please contact me about serving on an EWB Committee _____