



AMERICAN COLLEGE OF CLINICAL ENGINEERING

Student Membership Application Form

Application Fee

Category: Student (non-voting member) US\$ 38.00/2 years

Payment Method: CreditCard Need e-invoice for online payment via QuickBooks

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Cardholder Signature: _____

Student Name _____

Speciality/Degree _____

Career goals _____

Areas of Interest _____

COLLEGE/UNIVERSITY ADDRESS

College/University _____

Program _____

Department _____

Street _____

City, State, Zip _____ Country _____

Phone _____ Cell _____

Business Email _____

HOME ADDRESS

Street _____

City, State, Zip _____ Country _____

Phone/Cell _____

Home email address _____

Preferred destination for correspondence & Newsletter: Business email _____ Home email _____

I hereby state that this application is correct to the best of my knowledge.

Signature _____ Date _____

Name _____

Student (non-voting) Member

Please check relevant qualifications below and attach a proof of enrollment.

I am interested in the purpose of this organization and meet one of the following two conditions:

- One of two required
- Current enrollment in an accredited baccalaureate in engineering, engineering technology, or related course of study, ATTACH PROOF OF ENROLLMENT
 - Current enrollment at least half-time at graduate program in engineering, engineering technology, or related course of study, ATTACH PROOF OF ENROLLMENT

Please e-mail your application package (application form and proof of enrollment) to Secretariat@accenet.org

Membership benefits:

<https://accenet.org/Membership/Pages/Benefits.aspx>