



Honorary Membership Application

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Honorary Membership Nominee's Information

Full Name: _____

Employed By: _____

Mailing Address (Please identify if this is work or home address) Work Home

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Local Chapter Affiliation

Cape Cod

Central MA

Eastern MA

Western MA

Honorary Member of MALSCCE is an individual of distinction or of acknowledged eminence in the profession, who, upon being recommended to the Board by the Nominating Committee, has received the approval of two-thirds of the entire Board. An Honorary Member has no voting privileges and may not hold office in MALSCCE. An Honorary Member may also hold any other membership classification and have all privileges attendant thereto, including any right to hold office and any voting privileges. An Honorary Member is not required to pay any applicable dues in any member classification.

In addition to submitting this application, nominators of an individual for Honorary Membership must provide an overview of the candidate that describes their relevant qualifications and a brief explanation as to why they are recommending this candidate to be an Honorary Member.

Nominator's Contact Information

Name: _____ Occupation: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

For MALSCCE office use only; do not write below.

Approved by Board Date: _____ Signature: _____