



Life Membership Application

The Engineering Center • One Walnut Street • Boston, MA 02108-3616

Phone: 617/227-5551 • Fax: 617/227-6783 • Email: malsce@engineers.org • Web: www.malsce.org

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

Berkshire County

Connecticut Valley

Central MA

Cape Cod

Eastern MA

Life Member of MALSCCE shall be an individual who has attained the age of sixty-five, who can demonstrate membership in MALSCCE for at least twenty years, has applied to the Board for Life Membership and whose application received the approval of two-thirds of the entire Board. Life Members shall enjoy the full voting privileges and shall be entitled to hold office in MALSCCE. Life Members shall not be required to pay dues. Applications for Life Membership shall be accompanied by a complete resume. Life Members must provide a valid email address for communications from MALSCCE.

I hereby apply for Life Membership in MALSCCE and, if accepted, will uphold the Bylaws, abide by the Code of Ethics and endeavor to further the objectives of the Association.

Signature: _____ Date: _____

For MALSCCE office use only; do not write below this line.

Approved by Board Date: _____ Signature: _____