



# ASHRAE STUDENT ADVANCEMENT APPLICATION

**(YOU MUST BE A CURRENT ASHRAE STUDENT MEMBER TO APPLY FOR STUDENT ADVANCEMENT)**

AMERICAN SOCIETY OF HEATING, REFRIGERATING AND AIR-CONDITIONING ENGINEERS, INC., 1791 Tullie Circle N/E., Atlanta, GA 30329  
 Phone: Worldwide: 404/636-8400 US and Canada: 1-800-5-ASHRAE Fax: 404/321-5478  
 Website: [www.ashrae.org](http://www.ashrae.org)

(PLEASE PRINT)

ASHRAE STUDENT MEMBERSHIP NUMBER \_\_\_\_\_

**1. NAME** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (First) (Middle) (Family) (MO/DAY/YEAR)

**HOME ADDRESS**  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS ADDRESS**  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_  
 Phone: \_\_\_\_\_ Facsimile \_\_\_\_\_  
 Email: \_\_\_\_\_

**2. Check Preferred: Mailing Address**  Home  Business **Phone Contact**  Home  Business

**3. I would like to participate in local activities of** \_\_\_\_\_ **Chapter** (Leave blank if no preference)  
 (Local chapters may require payment of Local Chapter Dues in addition to Annual Society Dues.)

**4. PRINCIPAL ACTIVITY OF YOUR FIRM/ORGANIZATION** \_\_\_\_\_

11 Consulting Engineering	51 Manufacturer of HVAC&R Equipment
12 Architect/Architectural and Engineering Services	61 Manufacturer's Representative/Sales Engineer
15 Design/Build	71 Wholesaler or Distributor
21 Contractor	81 Research or Educational Institution
31 Industrial Buildings - HVAC&R Services	83 Library
41 Commercial Buildings- HVAC&R	84 Technical, Professional or Trade Association
42 Institutional Buildings-HVAC&R Services	86 Student
43 Utility	91 Other _____
44 Government Buildings - HVAC&R Services	(Please Specify)

**5. TITLE WITHIN YOUR FIRM/ORGANIZATION** \_\_\_\_\_

A - President, Owner, Partner	V - Plant Engineer
B - Corporate Officer, Associate, Director	S - Purchasing Agent
G - Chief Engineer, Vice President Engineering	U - Draftsman
J - Department Head	T - Estimator
K - Design Engineer	X - Technician
O - Facility Engineer/Manager	W - Instructor, Professor
L - Application Engineer, Project Engineer	z - Librarian
N - Codes and Standards Engineer	Y - Student
P - Research/Development Engineer	Y - Other _____
R - Sales Engineer/Sales	(Please Specify)

**6. Handbook - Check the version of the annual handbook volume that you prefer to receive. (Annual Handbook distributed in June of each Society Year)**  
 Print edition IP (Inch pound)  Print edition SI (Metric)  CD (both I-P/SI units)

Special \$59 Offer: Check one of the following if you want both a CD and print edition:  CD & print I-P  CD & Print SI (Remit \$59 US additional)

**7. MEMBER-GET-A-MEMBER RECRUITMENT PROGRAM**  
 Sponsor Name \_\_\_\_\_  
 ASHRAE Member # \_\_\_\_\_

**8. Other Society Membership(s)**  
 \_\_\_\_\_ ASME \_\_\_\_\_ IESNA \_\_\_\_\_ IEEE  
 \_\_\_\_\_ IIR \_\_\_\_\_ RSES  
 OTHER \_\_\_\_\_  
 (Please Specify)

**9. EDUCATIONAL RECORD (Do not use initials for name of institution or for location.)**

**TECHNICAL INSTITUTE (Less than 4-year course after High School)**

Name of Institution \_\_\_\_\_ Location \_\_\_\_\_  
Specific Course \_\_\_\_\_ Date:From-To \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Degree Granted or Hours Earned \_\_\_\_\_

**COLLEGE OR UNIVERSITY**

Name of Institution \_\_\_\_\_ Location \_\_\_\_\_  
Specific Course \_\_\_\_\_ Date:From-To \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Degree Granted or Hours Earned \_\_\_\_\_

**GRADUATE STUDY**

Name of Institution \_\_\_\_\_ Location \_\_\_\_\_  
Specific Course \_\_\_\_\_ Date:From-To \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Degree Granted or Hours Earned \_\_\_\_\_

**OTHER**

Name of Institution \_\_\_\_\_ Location \_\_\_\_\_  
Specific Course \_\_\_\_\_ Date:From-To \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Degree Granted or Hours Earned \_\_\_\_\_

**10. EMPLOYMENT RECORD**

List Present Affiliation First. List each position held within the company. **Feel free to attach a resume.**

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**11. PROFESSIONAL REGISTRATION**

Issuing Authority \_\_\_\_\_  
Field of Registration \_\_\_\_\_ Year Issued \_\_\_\_\_

**For Office  
Use Only**



**Applicant Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_