



Association des Ingénieurs Haïtiens et Américains

Association of Haitian and American Engineers

Leveraging technical excellence for community empowerment

GENERAL MEMBERSHIP APPLICATION

PERSONAL INFORMATION: * Name (PREFIX, FIRST, MI, LAST) Date of Birth (M/D/Year)	MEMBERSHIP TYPE: * <input type="checkbox"/> Member <input type="checkbox"/> US/ International <input type="checkbox"/> Student Member <input type="checkbox"/> Affiliate Member <input type="checkbox"/> Haiti Members <input type="checkbox"/> Honorary Member
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HOME ADDRESS: * <input type="checkbox"/> PREFERRED MAILING ADDRESS <input type="checkbox"/> PREFERRED BILLING ADDRESS Street Address/P.O. Box Apt.#: City State/Province Country Zip/Postal Code Telephone E-mail	BUSINESS ADDRESS: * <input type="checkbox"/> PREFERRED MAILING ADDRESS <input type="checkbox"/> PREFERRED BILLING ADDRESS Street Address/P.O. Box Apt.#: City State/Province Country Zip/Postal Code Telephone E-mail
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EDUCATION: * Name of College/University/City/State/Country <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph. D. Major Field of Study Date/Expected Date of Completion Name of College/University/City/State/Country <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph. D. Major Field of Study Date/Expected Date of Completion	EDUCATION: * (cont'd) Name of College/University/City/State/Country <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph. D. Major Field of Study Date/Expected Date of Completion Name of College/University/City/State/Country <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph. D. Major Field of Study Date/Expected Date of Completion
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PROFESSIONAL REGISTRATION: * <input type="checkbox"/> AICP <input type="checkbox"/> EIT <input type="checkbox"/> PE <input type="checkbox"/> LSIT <input type="checkbox"/> R.A. <input type="checkbox"/> RLS <input type="checkbox"/> OTHER (Specify: _____)
TECHNICAL CERTIFICATION: * _____

COMMITTEE MEMBERSHIP: * Would you like to join a Standing or Ad Hoc committee? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, refer to the Standing and Ad Hoc Membership Committee Participation Forms (We encourage all members to join at least one committee) _____ Your ADIHA membership includes a required membership in at least one of the Project Interest Groups. Please check the one (s) you would like to become enrolled in (choose one): * <table border="1"><tr><td><input type="checkbox"/> Architecture <input type="checkbox"/> Agriculture and Agro-Industry</td><td><input type="checkbox"/> Energy <input type="checkbox"/> Entrepreneurship</td><td><input type="checkbox"/> Planning and Urban Design <input type="checkbox"/> Scientific Research</td></tr></table>	<input type="checkbox"/> Architecture <input type="checkbox"/> Agriculture and Agro-Industry	<input type="checkbox"/> Energy <input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Planning and Urban Design <input type="checkbox"/> Scientific Research
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<input type="checkbox"/> Chemical Engineering <input type="checkbox"/> Computers <input type="checkbox"/> Construction Industry <input type="checkbox"/> Disaster Planning & Management <input type="checkbox"/> Economic Development <input type="checkbox"/> Education	<input type="checkbox"/> Environment & Water Resources <input type="checkbox"/> Geotech <input type="checkbox"/> Housing <input type="checkbox"/> Government & Policy <input type="checkbox"/> Math <input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> Sciences <input type="checkbox"/> Structures <input type="checkbox"/> Sustainability <input type="checkbox"/> Technology and Innovation <input type="checkbox"/> Telecommunications <input type="checkbox"/> Transportation Systems <input type="checkbox"/> Other _____
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PROFESSIONAL INFORMATION: *

Type of business with which you are currently employed: (choose one)

<input type="checkbox"/> Academic <input type="checkbox"/> Consulting <input type="checkbox"/> Contractor <input type="checkbox"/> Corporation <input type="checkbox"/> Developer	<input type="checkbox"/> Government <input type="checkbox"/> Manufacturer <input type="checkbox"/> Military <input type="checkbox"/> Non-Profit <input type="checkbox"/> Research	<input type="checkbox"/> Supplier <input type="checkbox"/> Testing Laboratory <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____
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Primary role in business (circle one)

<input type="checkbox"/> Chairman of the Board/President/CEO <input type="checkbox"/> Owner/Principal/Partner <input type="checkbox"/> General Manager <input type="checkbox"/> Vice President <input type="checkbox"/> Chief Engineer/Director	<input type="checkbox"/> Department Head/Senior Manager <input type="checkbox"/> Engineer/Architect <input type="checkbox"/> Computer Scientist <input type="checkbox"/> Project Manager <input type="checkbox"/> Educator	<input type="checkbox"/> Scientist/Researcher <input type="checkbox"/> Retired <input type="checkbox"/> Other _____
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Please provide a brief job description:

<p>ADDITIONAL INFORMATION: *</p> <p>Do you have any of the following social networking accounts: Facebook, Twitter, LinkedIn or other networks? If yes, provide information.</p> <hr/> <hr/> <p>How did you hear about ADIHA? *</p> <hr/> <hr/> <p>Are you renewing your membership? If so, please write down your member number and chapter affiliation: *</p> <hr/>	<p>Do you belong to other professional organizations? If yes, please list them. *</p> <hr/> <hr/> <p>DEMOGRAPHIC:</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Haitian Ancestry: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Country of Citizenship: _____</p>
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CERTIFICATION: *

I hereby apply for ADIHA membership, and I certify that the information I have provided above and any supplemental information that I may provide in support of this application is true and correct. If my membership application is accepted, I agree to abide by the ADIHA Constitution and Code of Ethics. I agree.

*Required

Signature

Date