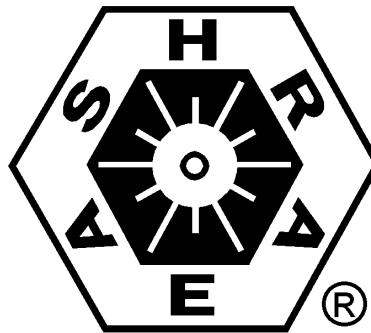


APPLICATION  
FOR  
MEMBERSHIP ADVANCEMENT



American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc  
1791 Tullie Circle, N. E.,  
Atlanta, Georgia 30329  
Telephone: (404) 636-8400  
Facsimile: (404) 321-5478  
Website: <http://www.ashrae.org>  
Email: [ashrae@ashrae.org](mailto:ashrae@ashrae.org)

**Instructions:** Complete both sides of the application form. Please be as specific as possible when describing your work experience record. Refer to the definition of Member and Qualifying Work Experience below for a better understanding of the information that you should supply. Feel free to attach a resume. The information you supply is the basis on which advancement will be awarded. Mail completed form to ASHRAE headquarters as listed on the form.

## MEMBER

**A Member shall have the equivalent of twelve Society-approved years of experience composed of an approved combination of: (a) completed education beyond high school, (b) work experience, and (c) professional engineering or related registration or license issued by a legally authorized body.**

All technical and scientific education shall be based on curricula approved by the Board of Directors.

Approved engineering curricula shall be equivalent to that accredited by the Accreditation Board of Engineering and Technology in the United States of America or the Canadian Engineering Accreditation Board. Scientific education in fields other than engineering shall be from a college or university course of study which has been accredited by an organization charged with monitoring standards of performance. Society-approved years of experience shall be credited as follows:

One and one-half years of credit for each year of completed education for graduates of approved technical curricula.

One year of credit for each year of education for non-graduates who have completed at least two years of approved technical curricula.

One year of credit for each year of completed education for graduates of colleges or universities which do not have accreditation. Those holding associate degrees from technical institutions shall also be credited for one year for each year of education.

One year for each year of qualifying work experience in the performance of duties in work related to ASHRAE fields of interest and shall have included research, teaching, design, contracting, engineering sales or engineering management.

Three years of credit for professional registration or license issued by a legally authorized body in engineering or related fields, the requirements of which as to education, examination, and active practice are satisfactory to the Board of Directors.

### QUALIFYING WORK EXPERIENCE

The following defines qualifying work experience in ASHRAE-related fields:

- |                                  |  |
|----------------------------------|--|
| <b>A. Research</b>               | Must have demonstrated competence in independent and original research in ASHRAE-related fields of an engineering or scientific nature which has been published.   |
| <b>B. Teaching</b>               | Assistant Professor or higher in an engineering or scientific discipline in ASHRAE-related fields.   |
| <b>C. Design</b>                 | responsible for engineering or scientific design including calculations, system and equipment selection and layout, and performance.   |
| <b>D. Contracting</b>            | Responsible for the installation, start-up and operation of heating, refrigeration, air-conditioning, ventilating and allied systems. Must demonstrate capability of initiating or evaluating the effect of engineering or scientific design changes of any type on the performance of the system. |
| <b>E. Engineering Sales</b>      | Must be responsible for assistance to system designers in the engineering, equipment selection and application of components of heating, refrigeration, air-conditioning, ventilation and allied systems.  |
| <b>F. Engineering Management</b> | Must be directly responsible for and involved in the management of technical, scientific and engineering phases of the company.  |

Use the appropriate codes to identify your employer and work activity code for the Qualifying Work Experience Record on the application form.

#### EMPLOYER ACTIVITY CODE

11-Consulting Engineering  
13-Architectural / Engineering, Architectural  
15-Design Build  
21-Contractor  
26-Property Management & Development  
31-Industrial Facility  
41-Commercial Facility  
42-Government, Healthcare, Education  
43-Utility  
51-Manufacturer of HVAC&R Equipment  
61-Manufacturers Representative  
62-Sales Engineering  
71-Distributor/Wholesaler  
86-Student  
91-Other/Miscellaneous

#### WORK ACTIVITY CODE

A-President, Corporate Officer, Partner, Associate, Owner  
B- Engineering Management  
C-Design Engineer  
E- Application Engineer  
F- Project Engineer  
G -Codes/Standards Engineer  
H- Research Engineer  
I- Engineering Sales  
J- Draftsperson  
K- Estimator  
L- Designer  
M-Technician Laboratory  
N- Installation Technician  
O- Service Technician  
P- Professor



# APPLICATION FOR ADVANCEMENT

AMERICAN SOCIETY OF HEATING, REFRIGERATING AND AIR-CONDITIONING A. ENGINEERS, INC.  
1791 Tullie Circle, N.E., Atlanta, GA 30329  
Telephone (404) 636-8400 (Worldwide); (800) 527-4723 (U.S. and Canada Only) FAX (404) 321-5478

ASHRAE MEMBER NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Family)

|                                    |                               |                                   |
|------------------------------------|-------------------------------|-----------------------------------|
| <b>PREFERRED MAILING ADDRESS</b>   | <input type="checkbox"/> HOME | <input type="checkbox"/> BUSINESS |
| Address Line 1 _____               |                               |                                   |
| Address Line 2 _____               |                               |                                   |
| Address Line 3 _____               |                               |                                   |
| City _____                         |                               | State/Province _____              |
| County (U.S. Residents Only) _____ |                               | Zip/Postal _____                  |
| Country _____                      |                               |                                   |

Phone: \_\_\_\_\_ Facsimile \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MO/DAY/YR

|  |
|--|
| <b>EDUCATIONAL RECORD</b> (Do not use initials for name of institution or for location.) |
| <b>TECHNICAL INSTITUTE</b> (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 _____                            |
| <b>COLLEGE OR UNIVERSITY</b>   |
| Name of Institution _____  |
| Location _____   |
| Specific Course _____ Date: From-To _____  |
| Date of Graduation _____ Degree Granted or Hours Earned _____                            |
| <b>GRADUATE STUDY</b>  |
| Name of Institution _____  |
| Location _____   |
| Specific Course _____ Date: From-To _____  |
| Date of Graduation _____ Degree Granted or Hours Earned _____                            |

|   |
|---|
| <b>PROFESSIONAL LICENSE</b>                   |
| License # _____                               |
| Issuing Authority _____                       |
| Field of Registration _____ Year Issued _____ |

|                          |
|--------------------------|
| For Office Use Only      |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

## QUALIFYING WORK EXPERIENCE RECORD

List present affiliation first. List each major responsibility separately, using copies of this form if necessary. Describe your work experience that qualifies you for membership advancement as indicated on page 2 of this form. Attach resume if you wish. Employer and work activity codes are listed on page 2.

EMPLOYER NAME \_\_\_\_\_ EMPLOYER ACTIVITY CODE \_\_\_\_\_

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

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ WORK ACTIVITY CODE \_\_\_\_\_

QUALIFYING WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ EMPLOYER ACTIVITY CODE \_\_\_\_\_

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

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ WORK ACTIVITY CODE \_\_\_\_\_

QUALIFYING WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ EMPLOYER ACTIVITY CODE \_\_\_\_\_

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

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ WORK ACTIVITY CODE \_\_\_\_\_

QUALIFYING WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ EMPLOYER ACTIVITY CODE \_\_\_\_\_

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

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ WORK ACTIVITY CODE \_\_\_\_\_

QUALIFYING WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_