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ASME Codes and Standards Personnel Form

Date:	If you are a member of ASME, fill in your member number below
Name:	
Preferred Mailing: Business Home	Title:
Address:	Company:
	Tel #:
	Fax #:
City:	E-Mail:
State/Province: Postal Code:	Country:
Committee Appointment	
Committee:	
☐ Member ☐ Officer	<u> </u>
Delegate (Organization Represented):	
Description of Organization Represented: (use attachment if ne	
Licensed Engineer: Yes No	States or Country:
Degrees:	
ASME Committee membership and offices held:	e Listed below:
Membership in other technical organizations:	e Listed below:
Experience and qualifications for appointment (use attachment if necessary):	
	est Class:
Designated Liaison (if applicable): Staff Contact:	
Stail Contact.	