



Kansas Society of Professional Engineers

A state society of the National Society of Professional Engineers

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EDUCATION

Undergraduate Degree:	Major:	College/University:	Graduation date: / /
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I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the requirements of the NSPE code of ethics. I also pledge to support the constitution, bylaws and board policies (as they are now and as they may be amended) of NSPE and my State Society.

Applicant Signature: _____ Date: / /

PLEASE RETURN APPLICATION TO: NSPE, P.O. BOX 631162, BALTIMORE, MD 21263-1162 OR FAX TO: (703) 836-4875

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