



# AMERICAN SOCIETY OF POWER ENGINEERS, INC

## ASOPE LICENSE RENEWAL FORM

To renew your license for a period of one year, please remit \$25.00 check or money order (no cash please) to:

**ASOPE, Inc**  
**Attn: Sue Tarvin**  
**PO Box 30**  
**Aurora, IN 47001-0030**

A fee of \$25.00 will be charged for an NSF check received in addition to the renewal fee.

We do accept the following major credit cards (call 812-926-1821):  
Visa, MasterCard, and American Express

Respectfully,

*Sue Tarvin*

Sue Tarvin  
ASOPE Secretary/Treasurer  
*If you have any questions or concerns, please contact me:*  
Phone 812-926-1821  
Fax 812-926-1804  
Email [Admin@asope.org](mailto:Admin@asope.org).

-----  
**Complete this form when renewing your ASOPE License.**

PLEASE RETURN THIS PORTION WITH YOUR RENEWAL FEE OF \$25.00

Make check or money orders payable to American Society of Power Engineers (ASOPE)

(Please indicate) Renew   Choose not to renew   Retired   or   License holder is deceased

Name: \_\_\_\_\_ Social Sec# \_\_\_\_\_

License Type (If know): \_\_\_\_\_ License No. (If known): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this a new address? YES NO

o that we may update your records, please indicate any changes in employer information below:

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone No.: \_\_\_\_\_