



COASTS, OCEANS,
PORTS AND RIVERS
INSTITUTE

COPRI Student Membership Application

Digital Signature (optional): _____ Date: _____

First Name _____ Last Name _____ Middle Initial _____ Suffix _____

University/School _____ Expected Graduation _____

Major/Degree Program _____ Minor/Specialty _____

Preferred Mailing Address (street) _____

City _____ State _____ Zip _____

Country _____

Telephone _____ Email _____

To submit online (preferred): Hit the “Submit” button in the top right corner. If you do not have a desktop email client (like Outlook), save and submit to copri@asce.org.

To submit by mail:

COPRI of ASCE
ATTN: Coordinator
1801 Alexander Bell Drive
Reston, VA 20191

Please direct any questions to Angie Lander, COPRI Coordinator at alander@asce.org or 703-295-6370.