## Membership Application/Pre-College Student

SEND THIS FORM TO: SPIE • P.O. Box 10
Bellingham, WA 98227-0010 USA  
Tel: +1 360 676 3290 (Pacific Time)  
Fax: +1 360 647 1445  
membership@spie.org  
spie.org/membership

### 1. Name and Address: (Please print clearly)

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Last (Family) Name</th>
<th>First (Given) Name</th>
<th>Middle Name or Initial</th>
<th>Suffix</th>
</tr>
</thead>
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Please indicate which address you wish us to use to send your Membership magazine:  
☐ Home Address  
☐ Business Address

**A. HOME ADDRESS**

Street Address ____________________________

City ____________________________ State _______________ Country ________________ Zip/Postal Code ______________________

Cell/Mobile ____________________________ Date of Birth _________

High School Graduation Date __________________________________Graduation Date (Students and Early Career) N/A

**B. SCHOOL ADDRESS**

School Name __________________________________

Department/Mail Stop ____________________________

Street Address __________________________________

City ____________________________ State _______________ Country ________________ Zip/Postal Code ______________________

Email Address ____________________________  
☐ Send me the SPIE News monthly email

*(Email address is required for monthly Newsletters.)*

### SPIE Membership

☐ Pre-College Student

Projected Graduation Date (Month, Year)__________________________

$ Complimentary

Send this form to SPIE, P.O. Box 10, Bellingham, WA 98227-0010 USA

Your SPIE Membership will be effective following the processing of application and dues. You will receive a New Member email detailing your benefits. Please be sure we have your correct email and mailing addresses so you can begin to receive your Member magazine and any Member-specific emails

For more information on Membership or other SPIE products and services contact SPIE:

Tel: +1 360 676 3290 • Fax: +1 360 647 1445 • membership@spie.org • spie.org

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