

## 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)*

Dr.  Prof.  Mr.  Ms.  Unspecified

Prefix	Last (Family) Name	First (Given) Name	Middle Name or Initial	Suffix

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 \_\_\_\_\_ Highest Degree Received \_\_\_\_\_

Graduation School \_\_\_\_\_ Graduation Date (Students and Early Career) \_\_\_\_\_

#### 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.)*

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Title or Position \_\_\_\_\_ EU VAT ID No. (if applicable) \_\_\_\_\_

#### SPIE Membership

Pre-College Student

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:**

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