

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)*

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 _____

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:

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