

MEMBERSHIP APPLICATION/PRE-COLLEGE STUDENT

NAME AND ADDRESS PLEASE PRINT CLEARLY	Last (Family) Name First (Given) Name Middle Name or Initial Suffix: D.D.S. D.V.M. Jr. M.D. Sr. Email Address III III IV V V (Email address is required for online journals, Digital Library, or monthly Newsletters.) Please indicate which address we should use to send mail: Home Address School Address A. HOME ADDRESS							
	City Country Highest Degree Received B. SCHOOL ADDRESS	State Cell/Mobil Graduation	State Zip/Postal Code Cell/Mobile Graduation Date (Students and Early Career)					
	School Name Street Address City Country	State			Zip/Pos	stal Code _		
SPIE MEMBERSHIP	Pre-College Student Graduation Date (Month, Year)					_	Com	plimentary
SEND THIS	Email, mail, or fax this form to: Email: customerservice@spie.org							

SPIE PO Box 10 Bellingham, WA 98227-0010 USA Phone: +1 360 676 3290 Fax: +1 360 647 1445

Your SPIE Membership will be effective following the processing of applicationx. 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 • customerservice@spie.org • spie.org