



SPIE Corporate Membership Application

COMPANY OR ORGANIZATION NAME AND ADDRESS

Company _____
 Division (if applicable) _____
 Address _____
 City _____ State _____ Zip/Postal Code _____
 Country _____
 Tel _____ Fax _____
 Email Address _____ Web Address _____

ADMINISTRATIVE LIAISON NAME AND ADDRESS

The liaison is the employee who will serve as your company's principal contact with SPIE. The liaison will receive all BACUS Corporate Membership information.

First Name _____ M.I. _____ Last Name _____
 Title _____ Mail Stop _____
 Address (if different from company address) _____
 City _____ State _____ Zip/Postal Code _____
 Country _____ Email _____
 Tel _____ Fax _____

THREE INDIVIDUAL SPIE MEMBERSHIPS ARE INCLUDED WITH SPIE CORPORATE MEMBERSHIP

1. Primary Marketing Member

First Name _____ M.I. _____ Last Name _____
 Title _____ Mail Stop _____
 Address (if different from company address) _____
 City _____ State _____ Zip/Postal Code _____
 Country _____ Email _____
 Tel _____ Fax _____

Online Journal Subscription - Check one box only: Optical Engineering (OE) Electronic Imaging (JEI) Biomedical Optics (JBO),
 Micro/Nanolithography, MEMS, and MOEMS (JM3) Applied Remote Sensing (JARS) Nanophotonics (JN)

2. Executive Management Member

First Name _____ M.I. _____ Last Name _____
 Title _____ Mail Stop _____
 Address (if different from company address) _____
 City _____ State _____ Zip/Postal Code _____
 Country _____ Email _____
 Tel _____ Fax _____

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 Micro/Nanolithography, MEMS, and MOEMS (JM3) Applied Remote Sensing (JARS) Nanophotonics (JN)

3. Engineering or Technical Executive/Management Member

First Name _____ M.I. _____ Last Name _____
 Title _____ Mail Stop _____
 Address (if different from company address) _____
 City _____ State _____ Zip/Postal Code _____
 Country _____ Email _____
 Tel _____ Fax _____

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Determine the amount of your dues according to your company's Annual Sales Volume and the Corporate Membership type you prefer. Please check the appropriate box below.

To add divisions of a corporation: List the division name and address on a separate sheet of paper. For each division listed please add \$100 to your payment.

Division benefits include: Listings, both in print and online in the same manner as the primary Member and access to group insurance. Inclusion of division does not entitle Member to additional Individual Memberships, liaisons, or discounts.

Annual Sales Volume	SPIE Only			SPIE-BACUS Combo		
	Cost	Online Jnl per Individual Member	# of SPIE Professional Magazines	Cost	Online Jnl per Individual Member	# of BACUS News
< \$500,000	<input type="checkbox"/> \$ 449	1	3	<input type="checkbox"/> \$ 680	1	3
\$500,000 but < 2 million	<input type="checkbox"/> 649	1	5	<input type="checkbox"/> 1,039	1	5
2 million but < 8 million	<input type="checkbox"/> 1,199	1	10	<input type="checkbox"/> 1,679	1	10
8 million but < 20 million	<input type="checkbox"/> 1,699	1	20	<input type="checkbox"/> 2,279	1	20
20 million or more	<input type="checkbox"/> 2,299	1	40	<input type="checkbox"/> 2,959	1	40
Institutional/Nonprofit	<input type="checkbox"/> 699	1	3			

METHOD OF PAYMENT

Purchase Order # _____ Check # _____ (payable to SPIE)

- Credit Card:**
 VISA (13-16 digits)
 Master Card (16 digits)
 American Express (15 digits)
 Diners Card (12 digits)
 Discover Card (16 digits)

Card Number:

I authorize SPIE to charge the payment fee to my credit card.

Security Code:

TOTAL \$

Expiration Date _____ \ _____ Signature _____
 Month Year