SPIE Membership Application
(Pre-College Student Membership)

1. Name and Address: (Please print clearly or type)

<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>
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Please indicate which address you wish us to use to send your Journals and other mail: □ Home Address □ School Address

A. HOME ADDRESS

Street Address ____________________________________________________________
City _____________________________ State __________________ Country ________ Zip/Postal Code ___________________

B. SCHOOL ADDRESS

School Name _____________________________________________________________
Department/Mail Stop ___________________________________________________
Street Address __________________________________________________________
City _____________________________ State __________________ Country ________ Zip/Postal Code ___________________

Cell/Mobile ____________________________
Business Phone ________________________ Ext. _____ Fax _______________________

Date of Birth _______________________
Email Address _______________________
(Email address is required for monthly Newsletters.)

SPIE Membership

☐ Pre-College Student

Graduation Date (Month, Year)___________________________________________

$ Complimentary

Fax this form to +1 360 647 1445 or send to SPIE, P.O. Box 10, Bellingham, WA 98227-0010 USA
Please allow 2-4 weeks to process this application. Once your form is submitted and validated, you will receive an email confirmation. You will receive a New Member Packet and Membership Card detailing your benefits. Please be sure we have your correct email and mailing addresses so you can begin to receive your Journals and any Member-specific emails.

Prices on this form are subject to change.

For more information on Membership or other SPIE products and services contact SPIE:
Tel +1 360 676 3290 (Pacific Time); +1 888 504 8171 • Fax +1 360 647 1445 • membership@spie.org • SPIE.org

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