



SPIE Membership Application

(Pre-College Student Membership)

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

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

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

VIP Code: 4878-MFSHS05PW