

# INDIVIDUAL MEMBERSHIP APPLICATION

## Society for the Advancement of Material and Process Engineering

### APPLICATION INSTRUCTIONS (USA; Canada; Mexico; All Others)

1) Fill out form completely. 2) Submit with payment (US funds drawn on US bank). DO NOT SEND CASH. 3) Call SAMPE Membership at +1 626.331.0616 x 632 with questions about application. 4) Return completed application and payment to SAMPE®, 1161 Park View Drive, Suite 200, Covina, CA 91724-3759 or Fax to SAMPE® +1 626.332.8929. (Your membership is an individual membership and is not transferable).

### APPLICATION INSTRUCTIONS (European)

1) Fill out form completely. 2) Submit with payment (Euro). DO NOT SEND CASH. 3) Submit completed application and payment to Adrie Kwakernaak, Treasurer, SAMPE Europe, Uranus 3, Aalsmeer, NL-1431, Netherlands, 31-297-32 19 99, Fax 31-297-32 32 21. (Your membership is an individual membership and is not transferable).

### APPLICATION INSTRUCTIONS (Japan)

1) Fill out form completely. 2) Submit application with your payment (DO NOT SEND CASH) to: Yoshinori Matsuoka, Treasurer, SAMPE Japan, 2-11-23 Zaimokuza, Kamakura, 248-Japan. (Your membership is an individual membership and is not transferable).

### APPLICATION INSTRUCTIONS (Affiliates)

1) Fill out form completely. 2) Submit application to your representative for processing. (Your membership is an individual membership and is not transferable).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Preferred Mailing Address  Home  Work

### MEMBERSHIP CATEGORIES—CHECK THE TYPE FOR WHICH YOU QUALIFY:

- PROFESSIONAL** - An engineer or scientist (bachelor level degree) with 2 years experience on a professional level, or a person who has 5 or more years technical experience on a professional level, or a person who is a registered engineer or scientist under state law.  
 **ASSOCIATE** - A person engaged in technical efforts.  
 **STUDENT** - A registered student working toward a degree in a materials and processes related field, including all engineering and science disciplines. (You will be listed as "Student" on all SAMPE related materials, no company affiliations will be accepted.)



Your name and contact information will appear in print in the Annual SAMPE Membership Directory, published in the fall.

**PROFIASSOC MEMBERS ONLY** Age Group:  18-24  25-34  35-44  45-54  55-64  65+

Highest educational degree  None  Associate  Bachelor  Master  Doctorate Year Conferred \_\_\_\_\_

With which Chapter do you desire affiliation? \_\_\_\_\_ Other Professional Association Memberships \_\_\_\_\_

**STUDENT MEMBERS ONLY** Age Group:  18-24  25-34  35-44  45-54  55-64  65+

Degree being sought  Associate  Bachelor  Master  Doctorate

School affiliation \_\_\_\_\_ Anticipated year of graduation \_\_\_\_\_

With which chapter do you desire affiliation? \_\_\_\_\_ Other Professional Association Memberships \_\_\_\_\_

**HOW DID YOU HEAR ABOUT SAMPE?**  I am a former SAMPE Member.  At a conference. Which one? \_\_\_\_\_

Received SAMPE literature in the mail.  In a publication. Which one? \_\_\_\_\_

Recommended by \_\_\_\_\_ Chapter \_\_\_\_\_

### DUES SCHEDULE: CHECK ONLY ONE.

Professional/Associate Member

USA Member Renewal ..... \$102  USA New Member ..... \$122  
 Canada & Mexico ..... \$99  Europe ..... €80  
 Japan ..... \$100  
 Affiliates (Shanghai & India) ..... \$113  All Others ..... \$113

Student Members

USA ..... \$20  Canada and Mexico .....  
 Europe ..... €20  Japan .....  
 Affiliates (Shanghai & India) ..... \$113  All Others .....

**METHOD OF PAYMENT:**  Check/Money Order  VISA  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ \*When paying by credit card, billing address must match address of card

### PLEASE SIGN:

The undersigned certifies that all statements made herein are accurate and agrees to be governed by the Bylaws of the Society and the Bylaws of the Chapter.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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