

SES ORGANIZATION MEMBERSHIP APPLICATION

- United States and Canada Organization Member (\$750.00 USD)**
- All Others (\$850.00 USD)**

Organization Name: _____

Organization Primary Point of Contact Who Will Be Billed, Sent Organization Materials, and Responsible for Distributing Materials Throughout the Organization.

(Mr., Ms., etc) First Name or Initial Middle Name or Initial Last Name Suffix (Jr., P.E., etc)

Title Organization Name

Work Address Work City

Work State or Province Work Postal Code Work Country

Work Telephone Work Telefax Work E-mail

Payment Information:

Check (Amount) _____ Money Order (Amount) _____
(Please make check or money order payable to **SES – The Society for Standards Professionals**)

Credit Card (Amount) _____

American Express Discover MasterCard VISA

Card Number _____ Expiration Date _____

Signature on Card _____

Please mail payment to:

SES – The Society for Standards Professionals
1950 Lafayette Road, Box 1
Portsmouth, NH 03801
Email: admin@ses-standards.org

You may also telefax this form with credit card information to SES at +1 603 610 7101

EMPLOYEES TO RECEIVE SES MEMBERSHIP BENEFITS

If you wish to identify the employees associated with your organization that will receive SES individual membership benefits and be listed in the SES Membership Directory, please complete the following information for each employee, up to a maximum of 10 employees. (This form may be reproduced as necessary.)

(Mr., Ms., etc) First Name or Initial Middle Name or Initial Last Name Suffix (Jr., P.E., etc)

Title

Organization Name

Work Address

Work City

Work State or Province

Work Postal Code

Work Country

Work Telephone

Work Telefax

Work E-mail

(Mr., Ms., etc) First Name or Initial Middle Name or Initial Last Name Suffix (Jr., P.E., etc)

Title

Organization Name

Work Address

Work City

Work State or Province

Work Postal Code

Work Country

Work Telephone

Work Telefax

Work E-mail

(Mr., Ms., etc) First Name or Initial Middle Name or Initial Last Name Suffix (Jr., P.E., etc)

Title

Organization Name

Work Address

Work City

Work State or Province

Work Postal Code

Work Country

Work Telephone

Work Telefax

Work E-mail