

SES MEMBERSHIP APPLICATION

- Regular Member (\$100.00 USD - United States and Canada, \$150.00 USD - All Others)
- Student Member (\$ 15.00 USD – All)
- Retired Member (\$50.00 USD - United States and Canada, \$75.00 USD - All Others)

Prefix (Mr., Ms., etc.,)	First Name or Initial	Middle Name or Initial	Last Name	Suffix (Jr., P.E., etc.,)
Title		Company or Organization		
Work Address (line 1)		Work Address (line 2)	Work City	
Work State or Province		Work Postal Code	Work Country	
Work Telephone		Work Telefax	Work E-mail	
Home Address (line 1)		Home Address (line 2)	Home City	
Home State or Province		Home Postal Code	Home Country	
Home Telephone		Home Telefax	Home E-mail	

I prefer to receive my mail at Work Home

I have been proposed for membership by the following SES Member (this is not a requirement):

Name: _____

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, Suite 200
 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