



# Society of Plastics Engineers Membership Application

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European Member Bureau  
Eric Sasselaaan 51, BE-2020 Antwerpen, BELGIUM  
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## Applicant Information

<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
first	last	mi	
<b>Company Name and Business Address (or College):</b>			
company/college:			
job title:			
address:			
address:			
city:		state:	
zip:		country:	
Phone/Fax Format: USA & Canada: (xxx) xxx-xxxx All Others: +xx(xx) x xxx xxxx			
<b>Work Phone:</b>		<b>Fax:</b>	
Email: <i>used for society business only</i>			
<b>Home Address:</b>			
address:			
city:		state:	
zip:		country:	
Home Phone:			
<input checked="" type="checkbox"/> Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
<b>Demographics</b>			
<b>Job Function</b> (choose only one)			
<input type="checkbox"/> Consulting	<input type="checkbox"/> Purchasing		<input type="checkbox"/> Quality Control
<input type="checkbox"/> Design	<input type="checkbox"/> R & D		<input type="checkbox"/> Retired
<input type="checkbox"/> Education (Faculty)	<input type="checkbox"/> Self-Employed		<input type="checkbox"/> Student
<input type="checkbox"/> Engineer	<input type="checkbox"/> Tech Support		<input type="checkbox"/> Other
<input type="checkbox"/> General Management			
<input type="checkbox"/> Manufacturing			
<input type="checkbox"/> Marketing/Sales			
<input type="checkbox"/> Other			
<b>Materials</b> (choose all that apply)			
<input type="checkbox"/> Composites	<input type="checkbox"/> Polyolefins		<input type="checkbox"/> Polystyrene
<input type="checkbox"/> Film	<input type="checkbox"/> TPEs		<input type="checkbox"/> Thermoset
<input type="checkbox"/> General Interest	<input type="checkbox"/> Vinyls		<input type="checkbox"/> No Interest
<input type="checkbox"/> Nylon			
<input type="checkbox"/> PET			
<input type="checkbox"/> Foam/Thermoplastics			
<b>Process</b> (choose all that apply)			
<input type="checkbox"/> Blow Molding	<input type="checkbox"/> Injection Molding		<input type="checkbox"/> Mold Making
<input type="checkbox"/> Compression	<input type="checkbox"/> Product Design		<input type="checkbox"/> Rotational Molding
<input type="checkbox"/> Compounding	<input type="checkbox"/> Thermoforming		<input type="checkbox"/> General Interest
<input type="checkbox"/> Engineering Properties	<input type="checkbox"/> No Interest		
<input type="checkbox"/> Extrusion			
<input type="checkbox"/> Fabrication			
<input type="checkbox"/> Foam			
The SPE Online Membership Directory is included with membership. Your information will automatically be included.			
<input type="checkbox"/> Exclude my email from the Online Member Directory			
<input type="checkbox"/> Exclude all my information from the Online Member Directory			
<input type="checkbox"/> Exclude my address from 3rd party mailings			

## Payment Information

<b>New Member 1 Year</b>	<b>New Member 2 Years *</b>	<b>Student Member</b>	<input type="checkbox"/> Students must supply graduation date: _____ <input type="checkbox"/> Membership Amount _____ <input type="checkbox"/> Primary Division <b>FREE</b> <input type="checkbox"/> Additional Division(s) costs for each Additional Division <table border="0"> <tr> <td></td> <td><b>1yr.</b></td> <td><b>2 yrs.</b></td> <td></td> </tr> <tr> <td>US</td> <td>\$10.00</td> <td>\$20.00</td> <td></td> </tr> <tr> <td>Euros</td> <td>€8.00</td> <td>€15.00</td> <td>_____</td> </tr> </table>		<b>1yr.</b>	<b>2 yrs.</b>		US	\$10.00	\$20.00		Euros	€8.00	€15.00	_____
	<b>1yr.</b>	<b>2 yrs.</b>													
US	\$10.00	\$20.00													
Euros	€8.00	€15.00	_____												
<input type="checkbox"/> US (\$140.00)	<input type="checkbox"/> US (\$253.00)	<input type="checkbox"/> US (\$30.00)													
<input type="checkbox"/> Euro** (€124.00)	<input type="checkbox"/> Euro** (€224.00)	<input type="checkbox"/> Euro** (€23.00)													
<b>My Primary Division is</b> (choose from below) _____															
<b>Additional Divisions are available for a fee. Check below to select Additional Divisions.</b>															
<input type="checkbox"/> Additives & Color Europe (D45)	<input type="checkbox"/> Medical Plastics (D36)	<input type="checkbox"/> Mold Making & Mold Design (D35)													
<input type="checkbox"/> Automotive (D31)	<input type="checkbox"/> Plastics Environmental (D40)	<input type="checkbox"/> Polymer Analysis (D33)													
<input type="checkbox"/> Blow Molding (D30)	<input type="checkbox"/> Polymer Modifiers & Additives (D38)	<input type="checkbox"/> Product Design & Development (D41)													
<input type="checkbox"/> Color & Appearance (D21)	<input type="checkbox"/> Product Design & Development (D41)	<input type="checkbox"/> Rotational Molding (D42)													
<input type="checkbox"/> Composites (D39)	<input type="checkbox"/> Rotational Molding (D42)	<input type="checkbox"/> Thermoforming (D25)													
<input type="checkbox"/> Decorating & Assembly (D34)	<input type="checkbox"/> Thermoforming, European (D43)	<input type="checkbox"/> Thermoplastic Materials & Foams (D29)													
<input type="checkbox"/> Electrical & Electronic (D24)	<input type="checkbox"/> Thermoforming (D25)	<input type="checkbox"/> Thermoset (D28)													
<input type="checkbox"/> Engineering Properties & Structure (D26)	<input type="checkbox"/> Thermoforming, European (D43)	<input type="checkbox"/> Vinyl Plastics (D27)													
<input type="checkbox"/> Extrusion (D22)	<input type="checkbox"/> Thermoplastic Materials & Foams (D29)														
<input type="checkbox"/> Flexible Packaging (D44)	<input type="checkbox"/> Thermoset (D28)														
<input type="checkbox"/> Injection Molding (D23)	<input type="checkbox"/> Vinyl Plastics (D27)														
<input type="checkbox"/> Marketing & Management (D37)															
<input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD card number _____ expiration date (mm/yyyy) _____			By signing below I agree to be governed by the Constitution and Bylaws of the Society and to promote the objectives of the Society. I certify that the statements made in the application are correct and I authorize SPE and its affiliates to use my phone, fax, address and email to contact me.  signature _____ date _____ recommended by member (optional) _____ Id # _____												
<b>PAYMENT MUST ACCOMPANY APPLICATION</b> <b>No Purchase Orders Accepted</b>															
Checks must be drawn on US or Canadian banks in US or Canadian funds.  Dues include a 1-year subscription to <i>Plastics Engineering</i> magazine—\$38.00 value (non-deductible). SPE membership is valid for twelve months from the month your application is processed. *extra savings. **European membership dues include a program fee to support SPE's activities in Europe.															
			WWW												