



Society for Photographic Education
 2530 Superior Avenue, #403 Cleveland, Ohio 44114
 p 216/622-2733 f 216/622-2712 www.spenational.org

2009 Society for Photographic Education Membership Form

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____

Email _____

Website _____

Affiliation/University _____

Your Title _____

Indicate your preferences:

- Do NOT share my mailing address. Do NOT share my email address.
 I do NOT want to receive email updates from SPE.

SPE's Annual Membership Directory & Resource Guide:

- Do NOT publish my name or contact information.
 Publish ONLY my name and email address.

Sign me up to join the following SPE Caucuses: Multicultural Caucus
 Women's Caucus

MEMBERSHIP	2009	2009-10
MEMBERSHIP rates reflect a 2009 rate increase.		
COLLECTOR MEMBER* (with print)	\$380	\$460
SUSTAINING MEMBER.....	\$225	\$430
REGULAR MEMBER.....	\$125	\$230
ADJUNCT/PART-TIME MEMBER.....	\$90	\$170
SENIOR MEMBER (65 yrs old and/or retired)	\$75	\$130
STUDENT MEMBER..... (proof of student status required)	\$55	\$100
INTERNATIONAL SURCHARGE (required outside the US)	\$25	\$50
DONATION TO RECOGNITION AND AWARDS FUND	\$	
GENERAL DONATION.....	\$	
TOTAL AMOUNT	\$	

*Collector Members choose a print from the Fine Print Collector's Program.
 See our website for available prints. Persons purchasing three or more
 prints will receive a complimentary one-year membership.

Please visit www.spenational.org for the Corporate and Institutional membership forms.

PROFILE

CURRENT PROFESSIONAL STATUS

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Historian | <input type="checkbox"/> Writer/Editor | <input type="checkbox"/> High School |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Collector | <input type="checkbox"/> Art Dealer | <input type="checkbox"/> College/Univ. |
| <input type="checkbox"/> Critic | <input type="checkbox"/> Curator | <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other: _____ | | | |

EDUCATOR

(PLEASE CHECK ONLY ONE BOX FOR EACH CATEGORY)

AREA OF PRIMARY SPECIALIZATION AS PHOTOGRAPHER

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Commercial | <input type="checkbox"/> Photojournalism |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Amateur | <input type="checkbox"/> Other: _____ |

EMPLOYMENT STATUS

- Full-Time Part-Time Self-Employed Unemployed

HIGHEST DEGREE EARNED

- HS BA BFA MA MFA PhD Other: _____

GENDER (optional) Male Female

ETHNICITY (optional)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Multiracial |

PAYMENT METHOD

- VISA DISCOVER
 MASTERCARD CHECK/MONEY ORDER

CARD NO. _____

EXP ____ / ____ CVM2# _____ TOTAL _____ DATE _____

SIGNATURE _____

Please send this form and your payment to: Society for Photographic Education,
 Membership Registration, 2530 Superior Avenue, #403 Cleveland, OH 44114
 or fax with credit card information to 216/622-2712.

Questions about membership status? Please contact the SPE National Office
 at 216/622-2733 or membership@spenational.org.

Membership dues are for the calendar year, January through December.