

2009
Society for Photographic Education
Corporate Membership Application



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

COMPANY INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Website _____

PRIMARY INDIVIDUAL MEMBERSHIP

Name _____

Address _____

City _____

State _____ Zip _____ Country _____

Phone _____ Fax _____

Email _____

PREFERENCES

Do not share this address with other companies. Publish only my name and email address in SPE's *Membership Directory & Resource Guide*.

Do not publish my name or contact information in SPE's *Membership Directory & Resource Guide*. Please do not email me occasional SPE updates.

PROFILE

CURRENT PROFESSIONAL STATUS

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

(PLEASE CHECK ONLY ONE BOX FOR EACH CATEGORY)

AREA OF PRIMARY SPECIALIZATION AS PHOTOGRAPHER

Fine Arts Commercial Photojournalism

Documentary Amateur 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)

African American Hispanic Asian/Pacific Islander

Native American Caucasian Multiracial

2nd INDIVIDUAL MEMBERSHIP

Name _____

Address _____

City _____

State _____ Zip _____ Country _____

Phone _____ Fax _____

Email _____

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PAYMENT METHOD

VISA

MASTERCARD

DISCOVER

CHECK/MONEY ORDER

MEMBERSHIP TERM

1 year/\$600

2 years/\$1,100

CARD NO. _____

EXP. ___/___/___ CW2# _____ TOTAL _____ DATE _____

SIGNATURE _____

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

If you have any questions or would like additional information, please contact the SPE national office at 216/622-2733 or membership@spenational.org.

SPE Corporate Membership dues are for one year, twelve months from the date of payment.