



Society of Manufacturing Engineers AFFILIATE MEMBERSHIP APPLICATION

1. AFFILIATE ORGANIZATION DATA

(Note: Fill-in address lines below showing your address as it should appear on envelopes addressed to you. Indicate your title, division, post office box, city, state, zip, country, etc. as appropriate.)

- A. Name of Organization _____
Business Address _____
Business Phone _____ FAX _____
- B. Describe the end product or service produced at this address _____
- C. Number of people employed at this address (check one box only). _____
 (1) Less than 50 (2) 50-99 (3) 100-249 (4) 250-499 (5) 500-999 (6) 1000-2499 (7) 2500 and over

2. AFFILIATE REPRESENTATIVE DATA

Name _____
First Name/Given Name _____ Middle Initial _____ Last Name/Surname _____

Job Title _____

Home Address _____

Home Phone _____ Date of Birth _____

JOB FUNCTION (select one only)

- (2) Corporate Executive (5) Quality Assurance/Control (8) Purchasing
 (3) Mfg. Production (6) Product Design-R&D (9) Other
 (4) Mfg. Engineering (7) Factory Automation

PROFESSIONAL EXPERIENCE/EDUCATION

- A. Highest Degree Granted (check one box only)
 None Associate Bachelor Master Doctorate
- B. Degree Concentration (check one box only)
 Engineering Technology Engineering Science Other (please specify) _____
- C. Professional Recognition
 Registered Professional Engineer (1) State Certified Manufacturing Engineer (2) No. Certified Manufacturing Technologist (3) No.
 Other (please specify) _____
- D. Professional Experience — Please indicate in years and months how long you have been associated with the manufacturing field. Year(s) _____ Month(s) _____

3. AREAS OF INTEREST

Select four areas of interest from the opposite page most related to your current business operation.

Areas of Interest _____

4. CHAPTER AFFILIATION (If you do not have a preferred chapter, the SME headquarters will assign the chapter.)

Chapter Number _____ Chapter Name _____

5. SPONSOR NAME

Sponsored by (if applicable) _____
Member No. _____ Chapter No. _____

6. MEMBERSHIP DUES

Membership dues are based upon the size of your company location.

- 1-49 employees (\$200.00) 50-499 employees (\$300.00) 500-999 employees (\$400.00) 1000 + employees (\$500.00)

Total payment enclosed _____

Note: Full payment in U.S. funds or equivalent must accompany application.

7. SIGNATURE

The undersigned hereby applies for membership in the Society of Manufacturing Engineers and certifies that all statements made in this application are correct, agrees to provide references upon request, and, if elected to membership, agrees to be governed by the Constitution and Bylaws of the Society. Please sign below if you wish to receive MANUFACTURING ENGINEERING Magazine.

Method of Payment Bankdraft/Transfer Check/Money Order
Authorization by credit card (check one) VISA American Express MasterCard

Applicant's Signature _____
Credit Card _____ Expiration Date _____

FOR HEADQUARTERS' USE ONLY

Member No. _____ Chapter No. _____ Grade _____
Ballot Date _____ Exp. Date _____ Duns No. _____ SIC _____ Source _____
Dues Amount _____ Fee Amount _____ Total _____