



Membership Application

Society of Plastics Engineers Europe

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I am applying for: Membership Reinstatement

As a: Student (must supply grad date: _____) Member

Name: _____
(first) (middle) (last)

Check preferred address: Company/College Home

Date of Application: ____/____/20__

Professional Information

Personal Information

Company / College: _____

Street: _____

Position: _____

City: _____

Street: _____

Postal Code: _____ Country: _____

PO Box: _____

Phone: (_____) _____

City: _____

Fax: (_____) _____

Postal Code: _____ Country: _____

E-mail: _____

Phone: (_____) _____

Date of Birth: ____/____/____
(day) (month) (year)

Fax: (_____) _____

Gender: Male Female

E-mail: _____

What is your primary job function (check one only)?

Statement of Fees

- | | |
|--|---|
| <input type="checkbox"/> 01 General & Corporate Management | <input type="checkbox"/> 08 Education (Faculty) |
| <input type="checkbox"/> 02 Design & Design Engineering | <input type="checkbox"/> 09 Student |
| <input type="checkbox"/> 03 R&D Engineering | <input type="checkbox"/> 10 Library |
| <input type="checkbox"/> 04 Production Manufacturing | <input type="checkbox"/> 11 Consultant |
| <input type="checkbox"/> 05 Quality Control | <input type="checkbox"/> 12 Technical Support |
| <input type="checkbox"/> 06 Purchasing | <input type="checkbox"/> 98 Retired |
| <input type="checkbox"/> 07 Sales / Marketing | <input type="checkbox"/> 99 Other _____ |

NEW MEMBER (1-year) 132 €

(125 € annual fee + 7 € initiation fee)

NEW MEMBER (1-year) 125 € Special FEE

NEW MEMBER (2-year) 223 € Special FEE

STUDENT MEMBER 29 € (no initiation fee)

REINSTATED MEMBER 125 € (no initiation fee)

Dues include subscriptions to *PLASTICS ENGINEERING MAGAZINE* and online access to the SPE Membership Directory

Check enclosed (Payable to: Society of Plastics Engineers)

Charge my: VISA AMEX MasterCard

Card # _____

Exp. Date: _____

Division Choice - My primary Division is: 43

- | | |
|--|------------|
| <input type="checkbox"/> 21 Color & Appearance | |
| <input type="checkbox"/> 22 Extrusion | Cost |
| <input type="checkbox"/> 23 Injection Molding | for |
| <input type="checkbox"/> 24 Electrical & Electronic | each |
| <input checked="" type="checkbox"/> 25 Thermoforming | additional |
| <input type="checkbox"/> 26 Engineering Properties & Structure | division: |
| <input type="checkbox"/> 27 Vinyl Plastics | |
| <input type="checkbox"/> 28 Thermoset | €5.00 each |
| <input type="checkbox"/> 29 Thermoplastic Materials & Foams | |
| <input type="checkbox"/> 30 Blow Molding | |
| <input type="checkbox"/> 31 Automotive | |
| <input type="checkbox"/> 33 Polymer Analysis | |
| <input type="checkbox"/> 34 Decorating & Assembly | |
| <input type="checkbox"/> 35 Mold Making & Mold Design | |
| <input type="checkbox"/> 36 Medical Plastics | |
| <input type="checkbox"/> 37 Marketing & Management | |
| <input type="checkbox"/> 38 Polymer Modifiers & Additives | |
| <input type="checkbox"/> 39 Composites | |
| <input type="checkbox"/> 40 Plastics Environmental | |
| <input type="checkbox"/> 41 Product Design & Development | |
| <input type="checkbox"/> 42 Rotational Molding | |
| <input checked="" type="checkbox"/> 43 European Thermoforming | |
| <input type="checkbox"/> 44 Flexible Packaging | |
| <input type="checkbox"/> 45 Additives & Color Europe | |

PAYMENT MUST ACCOMPANY APPLICATION

I certify that the statements made in the application are correct.
I agree to be governed by the Constitution and Bylaws of the Society
and to promote the objectives of the Society.

Signature in ink _____ Date _____

Recommended by Member (optional) _____ ID# _____

Special Interest Group choice (free of charge)

- 019 Radiation Processing of Polymers Europe
 020 Rapid Design, Engineering & Mold Making International

Origin Code: ETDweb