

Directed Energy Professional Society

Membership Application

Name: _____
Lt.,Dr.,Mr.,Ms.,etc. First MI Last Jr.,III,etc.

Title: _____

Organization: _____

Work address	Home address

Send mail to (check one): Home address Work address

E-mail address: _____

Alternate e-mail address: _____

Phone numbers: Work: _____ Fax: _____ Home: _____

Membership category **Annual Dues**

- | | |
|--|------|
| <input type="checkbox"/> Standard membership | \$75 |
| <input type="checkbox"/> Full-time government employee | \$50 |
| <input type="checkbox"/> Full-time student | \$10 |
| <input type="checkbox"/> Full-time educator | \$10 |

Optional Personal Information (to be used for Society statistical records only):

Highest degree: _____ Degree discipline: _____

Institution: _____ Year: _____

Birth year: _____ Interest area: _____

Referred by: _____

Information in this form will be used for Society membership records and statistics. We may at times publish membership information. If you do not want your name or address released, please check here:

- Do not release my e-mail or mailing address Do not release my name and organization

Please mail application with payment to:

Directed Energy Professional Society
7770 Jefferson Street NE, Suite 440
Albuquerque, New Mexico 87109

Payment:

- Check enclosed Please charge my VISA Mastercard American Express

_____ _____ _____
Account Number Expiration Date Authorized Signature

If the credit card is not in the name of the registrant, please provide the following information:

_____ _____ _____
Name on Card Billing Address Phone Number