



### Membership Form

Name:\* \_\_\_\_\_

Company: \_\_\_\_\_

Address:\* \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Email:\* \_\_\_\_\_

Website URL: \_\_\_\_\_

Phone:\* \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

How did you hear about SEMpdx? \_\_\_\_\_  
\_\_\_\_\_

Do you want to receive our email newsletter?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Membership Levels

Type	Annual Fee
<b>Professional</b> - individual memberships for the SEM professional.	<b>\$100</b>
<b>Corporate</b> - includes three individual memberships in the name of the company. Additional members under the corporate membership are \$50 each.	<b>\$200</b>
<b>Student</b> - full and part time with valid id.	<b>\$25</b>

Membership Type: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Check Enclosed:

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:**

Annual membership begins when we receive your application and payment. If paying by check, please make out to SEMpdx. When completing by postal mail, please send completed form to:

**SEMpdx**  
**2189 NW Wilson Street**  
**Portland, OR 97210**