



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
Professional - individual memberships for the SEM professional.	\$125
Corporate - includes three individual memberships in the name of the company. Additional members under the corporate membership are \$50 each.	\$250
Student - full and part time with valid id.	\$25

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
PO Box 83
Portland, OR 97207**