



An Invitation for Membership

PLEASE TYPE OR PRINT -- ALL INFORMATION MUST BE COMPLETED

___Dr. ___Mr. ___Mrs. ___Ms. ___Other ___Sr. ___Jr. ___III ___Other (listed)_____

FIRST NAME	M. I.	LAST NAME	AGE
NICKNAME		TITLE	
PHONE	EXT.	FAX**	E-MAIL ADDRESS
COMPANY		COMPANY INTERNET ADDRESS	NUMBER OF EMPLOYEES
ADDRESS--NUMBER AND STREET			DEPT./MAILSTOP
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

PLEASE SELECT THE COMMUNICATION METHOD YOU PREFER: ___EMAIL ___POSTAL MAIL

****BY SIGNING, I UNDERSTAND THAT BY PROVIDING MY FAX NUMBER AND/OR EMAIL ADDRESS, I CONSENT TO RECEIVE FAXES AND/OR EMAILS SENT BY OR ON BEHALF OF SSPC: THE SOCIETY FOR PROTECTIVE COATINGS (AND ITS SUBSIDIARIES AND AFFILIATES). I UNDERSTAND THAT SSPC WILL NOT SHARE MY FAX NUMBER AND/OR EMAIL ADDRESS WITH OTHER ORGANIZATIONS.**

Readership Information...Please Complete.

1.) What kind of company do you work for? Check just ONE, please!

- | | |
|--|---|
| <input type="checkbox"/> A Facility owner (end user of coatings) | <input type="checkbox"/> J Coatings manufacturer |
| <input type="checkbox"/> B Coating & lining contractor | <input type="checkbox"/> K Raw materials manufacturer |
| <input type="checkbox"/> C General contractor | <input type="checkbox"/> L Equipment manufacturer |
| <input type="checkbox"/> D Specialty contractor | <input type="checkbox"/> M Abrasive manufacturer |
| <input type="checkbox"/> E Concrete/flooring contractor | <input type="checkbox"/> N Coatings distributor, dealer or store |
| <input type="checkbox"/> F Shop fabricator | <input type="checkbox"/> O Equipment distributor, dealer or store |
| <input type="checkbox"/> G Plant fabricator (OEM) | <input type="checkbox"/> P Research or regulatory agency |
| <input type="checkbox"/> H Architect, engineer, consulting firm | <input type="checkbox"/> Y Other (please specify) _____ |
| <input type="checkbox"/> I Ship owner | |

IS YOUR COMPANY A CURRENT MEMBER OF SSPC? ___YES ___NO

COMPANY MEMBER NUMBER (IF KNOWN) _____

SSPC Individual Membership Dues

	1 year:	2 years:	3 years:
North America	\$95.00	\$180.00	\$270.00
Other Countries	\$120.00	\$230.00	\$340.00

**Please contact our office for information about Retiree and Student rates!*

VISIT WWW.SSPC.ORG AND CLICK ON THE MEMBERSHIP TAB FOR A COMPREHENSIVE LISTING OF BENEFITS!!

2.) If you are a facility owner (1-A above), what is your industry? Check just ONE, please!

- | | |
|---|--|
| <input type="checkbox"/> A Chemical processing | <input type="checkbox"/> J Shipyard |
| <input type="checkbox"/> B Petroleum refining | <input type="checkbox"/> K Waterfront, locks, dams |
| <input type="checkbox"/> C Metals and mining | <input type="checkbox"/> L Water works |
| <input type="checkbox"/> D Pulp and paper mill | <input type="checkbox"/> M Waste treatment |
| <input type="checkbox"/> E Oil or gas production | <input type="checkbox"/> N Food/pharmaceutical |
| <input type="checkbox"/> F Conventional power plant | <input type="checkbox"/> O Equipment/vehicle mfg./maint. |
| <input type="checkbox"/> G Nuclear power plant | <input type="checkbox"/> P Pipeline |
| <input type="checkbox"/> H Rail manufacturer/repair | <input type="checkbox"/> Q Gas utility |
| <input type="checkbox"/> I Bridge and highway | <input type="checkbox"/> Y Other (please specify) _____ |

3.) In terms of coatings work, what do you do? Check all that apply.

- A Purchase or specify coatings, linings or concrete topping
- B Manage coatings programs/projects
- C Purchase/specify equipment or abrasive for coating work
- D Industrial hygiene/safety
- E Environmental compliance
- F Testing, research, formulation
- G Sales/marketing
- H Technical service
- I Executive management
- J Applicator
- K Blaster
- L Regulator
- Y Other (please specify) _____

Method of Payment

<input type="checkbox"/> Check	_____
	Credit Card Account Number
<input type="checkbox"/> Money Order	_____
	Credit Card Security Code
<input type="checkbox"/> American Express	_____
	Account Expiration Date
<input type="checkbox"/> MasterCard	_____
	Cardholder's Name
<input type="checkbox"/> Visa	_____
	Cardholder's Signature
<input type="checkbox"/> Discover	_____
	Cardholder's Phone and Fax

Complete application and mail to:

SSPC: The Society for Protective Coatings
 P.O. Box 200591
 Pittsburgh, PA 15251-0591 USA

Or fax completed application to: (412) 281-9995
Phone: 1-877-281-7772 or (412) 281-2331

FOR SSPC USE ONLY:

MN:
 DE:
 SC:

Other Association Memberships: _____

Education level or other certifications held: _____

How did you become involved in the coatings industry? _____

Join online using our secure form at www.sspc.org!