

2009  
Society for Photographic Education  
Institutional Membership Application



Society for Photographic Education  
2530 Superior Avenue, #403 Cleveland, Ohio 44114  
p 216/622-2733 f 216/622-2712 www.spenational.org

**INSTITUTION INFORMATION**

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

**PRIMARY INDIVIDUAL MEMBERSHIP**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**PREFERENCES**

Do not share this address with other companies.  Publish only my name and email address in SPE's *Membership Directory & Resource Guide*.

Do not publish my name or contact information in SPE's *Membership Directory & Resource Guide*.  Please do not email me occasional SPE updates.

**PROFILE**

**CURRENT PROFESSIONAL STATUS**

<input type="checkbox"/> Artist	<input type="checkbox"/> Historian	<input type="checkbox"/> Writer/Editor	<input type="checkbox"/> EDUCATOR
<input type="checkbox"/> Administrator	<input type="checkbox"/> Collector	<input type="checkbox"/> Art Dealer	<input type="checkbox"/> High School
<input type="checkbox"/> Critic	<input type="checkbox"/> Curator	<input type="checkbox"/> Student	<input type="checkbox"/> College/Univ.
<input type="checkbox"/> Other:			<input type="checkbox"/> Retired

(PLEASE CHECK ONLY ONE BOX FOR EACH CATEGORY)

**AREA OF PRIMARY SPECIALIZATION AS PHOTOGRAPHER**

<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Commercial	<input type="checkbox"/> Photojournalism
<input type="checkbox"/> Documentary	<input type="checkbox"/> Amateur	<input type="checkbox"/> Other:

**EMPLOYMENT STATUS**

Full-Time  Part-Time  Self-Employed  Unemployed

**HIGHEST DEGREE EARNED**

HS  BA  BFA  MA  MFA  PhD  Other:

**GENDER** (optional)  Male  Female

**ETHNICITY** (optional)

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multiracial

<b>PAYMENT METHOD</b>	<b>MEMBERSHIP TERM</b>
<input type="checkbox"/> VISA	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> 1 year/\$400
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> 2 years/\$750
<input type="checkbox"/> CHECK/MONEY ORDER	
CARD NO. _____	
EXP. ___/___/___ CW2# _____ TOTAL _____ DATE _____	
SIGNATURE _____	

**2nd INDIVIDUAL MEMBERSHIP**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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**PROFILE**

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<input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multiracial

Please send this form and your payment to: Society for Photographic Education, Institutional Memberships, 2530 Superior Avenue, #403 Cleveland, OH 44114 or fax with credit card information to 216/622-2712.

If you have any questions or would like additional information, please contact the SPE national office at 216/622-2733 or membership@spenational.org.

*SPE Institutional Membership dues are for one calendar year, January through December.*