

Membership Application

STUDENT MEMBERSHIP

Complete both pages of this form as indicated.



1 Request membership and provide information about yourself:

- Student Membership:** FREE to high school seniors, and to full-time undergraduate or graduate students whose areas of concentration are related to satellite communications. Students MUST provide the following information:

A. Name/Location of school/college/university: _____

B. Anticipated graduation date: Month: _____ Year: _____

C. Major:

- | | | |
|---|---|---|
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Law | <input type="checkbox"/> Space Applications |
| <input type="checkbox"/> Business | <input type="checkbox"/> International Policy Studies | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Journalism | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Science | <input type="checkbox"/> Other _____ |

2 Provide your primary contact information:

Name _____

Address _____

Address _____

City, State/Province _____

Zip/Postal Code _____ Country _____

Business Phone _____ Business Email _____

Business Fax _____ Web URL _____

3 Provide your home/alternate contact information (providing this information ensures that you will not lose contact with SSPI when you change jobs):

Alternate Address _____

Alternate Address _____

City, State/Province _____

Zip/Postal Code _____ Country _____

Alternate Phone 1 Phone Fax Mobile _____

Alternate Phone 2 Phone Fax Mobile _____

Alternate Phone 3 Phone Fax Mobile _____

Alternate E-mail Address _____

A. Publish my Business or Home information in the online membership directory (check one).

4 Submit your application by fax to: +1 212-825-0075

OR

Mail to: Society of Satellite Professionals International
The New York Information Technology Center
55 Broad Street, 14th Floor
New York, NY 10004 USA
TEL: +1 212-809-5199 • www.sspi.org

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