



Member and Sponsor Application

Promote, Connect, Advocate

Primary member:

Last Name _____ First Name _____ Salutation (Mr., Ms., Mrs., Ph.D.) _____

Title _____

Company name _____

Address _____ City _____ State _____ Zip _____

Work phone, ext _____ Fax _____

E-mail _____ company website _____

Contact for nmOptics directory (if different from primary member)

Last Name _____ First Name _____ Salutation (Mr., Ms., Mrs., Ph.D.) _____

Title _____

Company name _____

Address _____ City _____ State _____ Zip _____

Work phone, ext _____ Fax _____

E-mail _____ company website _____

Your Membership

Check one	Number of employees	Type of membership	Additional employee memberships	Annual fee
<input type="checkbox"/>	<i>Less than 10</i>	<i>Optics Corporation</i>	2	\$100
<input type="checkbox"/>	<i>10 to 75</i>	<i>Optics Corporation</i>	5	\$250
<input type="checkbox"/>	<i>More than 75</i>	<i>Optics Corporation</i>	10	\$500
<input type="checkbox"/>	<i>n/a</i>	<i>Associate: non/profit, non-optics</i>	-	\$250
<input type="checkbox"/>	<i>n/a</i>	<i>Associate: governmental agencies, labs or academic</i>	10	\$500

Your Sponsorship (must be member to participate)

Check one	Type of sponsorship	Additional employee Memberships	Annual fee
<input type="checkbox"/>	<i>Leadership</i>	<i>Unlimited</i>	\$3,000 +
<input type="checkbox"/>	<i>Sustaining</i>	10	\$2,000-\$2,999
<input type="checkbox"/>	<i>Supporting</i>	5	\$1,000-\$1,999
<input type="checkbox"/>	<i>Meeting</i>		\$100 per meeting
<input type="checkbox"/>	<i>E-news/web</i>		\$250
<input type="checkbox"/>	<i>Education</i>		\$500

Check appropriate box(es) above and mail this form to nmOptics, 851 University Blvd., SE, Ste. 203, Albuquerque, NM 87105 or fax to 246-6219. We will e-mail you an invoice. If you would like to pay by credit card, see attached form. Please e-mail or call Patricia Harrison at Patricia@nmoptics.org or 227-1495.

Please provide billing information if it is different than the primary contact information.

First Name

Last Name

Company Name

Address

City

State

Zip

Additional Employee E-mails

With your membership, you can designate additional employees to receive our e-news, announcements, membership discounts and more.

Employee e-mail address	Employee e-mail address

General Business Description

Please circle or highlight all that apply. This information will be used for keyword search on the nmOptics website.

Optics Products

Abrasives	CCDs	Displays	Positioning equipment
Actuators	Choppers	Fiber optic components	Prisms
Adhesives, cements, epoxies	Coatings	Filters	Scanners
Amplifiers	Collimators	Gratings	Sensors
Analyzers	Connectors	Lasers	Shutters
Apertures	Crystals	Lenses	Telescopes
Attenuators	Data Acquisition	Light emitting diodes	Vacuum equipment
Autocolimators	Deflectors	Mirrors	Wave plates
Beam handling, profiling	Detectors	Modulators	Other: _____
Cameras	Diffraction optics	Photodiodes	

Optics Services

Consulting	Grinding	Optics systems	Testing
Custom	Machining	Polishing	Other: _____
Design & Engineering	MEMS	Safety	
Data processing	Mechanical Systems	Software	

Other Services

Accounting	Banking	Insurance	Other: _____
Advertising	Consulting	Training	

Please provide us with a 250 word description of your company that we can use on our website on in the nmOptics directory. Please e-mail it to Patricia@nmoptics.org.

Please provide us with the names and contact information of other professionals and companies that might be interested in joining nmOptics.