



Optical Society of America

NEW ENGLAND SECTION

APPLICATION FOR MEMBERSHIP

Name (please print): _____

Signature: _____ Date: _____

Company: _____

Mailing Address: _____ Home or Business?

Telephone: (____) _____ Home or Business?

Email: _____

***Meeting and Section communication is conducted by email.
Email Addresses are not shared with other organizations.***

Position and Title: _____

Education: _____

Previous Professional Positions: _____

Chief Experience in Optics: _____

Chief Fields of Interest in Optics: _____

National OSA Member? Yes Other Professional Societies: _____

Would you be willing to assist in any of the following activities?

- | | |
|--|--|
| <input type="checkbox"/> Program Committee | <input type="checkbox"/> Ad hoc Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Educators Committee |
| <input type="checkbox"/> Scholarship Committee | |

Annual Dues:

Regular	\$15.00
Professional	\$50.00
Corporate	\$250.00 (includes 2 memberships)
Full Time Student	free

Send this application with a check made payable to **NES/OSA** to:

NES/OSA, c/o G. Groot Gregory, 296 Lake Ave., Newton, MA 02461