

## **Optical Society of America**

NEW ENGLAND SECTION

## **APPLICATION FOR MEMBERSHIP**

Name (please print)	ː		
Signature:		Date:	
Company:			
Mailing Address:		□ Home o	or □ Business?
Telephone:	()	□ Home o	or □ Business?
Email:			
		d Section communication is conducted by email. Iresses are not shared with other organizations.	
	Lilian Auc	inesses are not shared with other organizations.	
Position and Title:			
Education:			
Previous Profession	al Positions:		
Chief Experience in	Optics:		
Chief Fields of Interest in Optics:			
National OSA Meml	oer? □ Yes	Other Professional Societies:	
Would you be v	villing to as	sist in any of the following activities?	
□ Program		☐ Ad hoc Committee	
	ship Committe		
□ Scholars	hip Committee		
Annual Dues: Regular Professiona Corporate Full Time S	ıl \$	515.00 550.00 250.00 (includes 2 memberships) 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

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