



2018 Corporate Member Application

Company Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Email: _____

Your corporate membership includes online access to *Seismological Research Letters (SRL)* and the *Bulletin of the Seismological Society of America (BSSA)* for up to 3 individuals or departments. Each member listed below will also be added to the SSA roster. You may add print copies of *BSSA* and *SRL* for an additional fee. Corporate memberships are from January 1 to December 31.

Corporate Member #1 (*main contact*):

Contact Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____

Add Print BSSA shipping to U.S.: **\$75.00 USD**

Add Print BSSA shipping outside U.S.: **\$105.00 USD**

Add Print SRL shipping to U.S.: **\$40.00 USD**

Add Print SRL shipping outside U.S.: **\$60.00 USD**

Corporate Member #2 (*optional*):

Contact Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____

Add Print BSSA shipping to U.S.: **\$75.00 USD**

Add Print BSSA shipping outside U.S.: **\$105.00 USD**

Add Print SRL shipping to U.S.: **\$40.00 USD**

Add Print SRL shipping outside U.S.: **\$60.00 USD**

Corporate Member #3 (*optional*):

Contact Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____

Add Print BSSA shipping to U.S.: **\$75.00 USD**

Add Print BSSA shipping outside U.S.: **\$105.00 USD**

Add Print SRL shipping to U.S.: **\$40.00 USD**

Add Print SRL shipping outside U.S.: **\$60.00 USD**

Listing: A description of your organization will be listed on the website and in each journal issue. Please email the text you wish to appear with your company name and a vector logo to info@seismosoc.org.

For examples please see: <http://www.seismosoc.org/inside/corporate-memb.php>

Payment: \$1000.00 USD + Print Journal Add-ons \$ _____ (add up total from above) = \$ _____

Pay by credit card Pay by check (mail to SSA office)

Credit Card Type: Visa Mastercard American Express Card Number: _____

Name on Card: _____ Exp. Date: _____ CVV: _____

Billing Address: _____

Signature: _____