

Corporate Member Application

Company Name:				
Street Address:				
City:	State:	Postal Code:	Country:	
Phone:	Email:			
•	,		s will receive access to vical Research Letters (SRL)	
Corporate Member	#1 (main contact):			
Contact Name:		Email:		
Street Address:				
City:	State:		Country:	
Phone:				
Roster Member #2	(optional):			
Contact Name: —		Email:		
Street Address: —				
City:	State:		Country:	
Phone:				
Roster Member #3	= = =			
Street Address:				
City:	State:		Country:	
Phone:				
. ,	ur organization will be listed on t name to <u>info@seismosoc.org</u> .	the website and in each jou	rnal issue. Please email the text you v	vish to
For examples please see: h	ttp://www.seismosoc.org/inside.	/corporate-memb.php		
Payment: Membership	o total is \$2000.00 USD f	or January 1 through	December 31, 2022.	
Pay by credit card Pay by ch	neck (mail to SSA office)			
Credit Card Type: Visa Maste	rcard American Express Card N	Number:		
Name on Card:	·	Exp. Date:	CVV:	
0			ire:	