



Society of Depreciation Professionals

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2011 Membership Application

Membership Categories

- | | |
|---|---|
| <input type="checkbox"/> Sustaining Member (\$750.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Business Patron (\$300.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Individual Patron (\$200.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Friend (\$100.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Senior Member - Two or more years of depreciation experience (\$75.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Associate Member - Fewer than two years of depreciation experience (\$75.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Student Member - Currently enrolled in higher education with an interest in depreciation as a field of study or vocation (\$75.00) | <input type="checkbox"/> New <input type="checkbox"/> Renewal |

Being a member of SDP provides:

- Opportunity to discuss contemporary depreciation topics and network with depreciation professionals at the [SDP Annual Meeting](#) and the [SDP Annual Training](#).
- Opportunity to demonstrate your knowledge in the field by becoming a [Certified Depreciation Professional](#) through examination
- Discounted rates for professional training at the [SDP Annual Meeting](#).
- Complimentary copy of the annual [SDP Journal](#)
- Complimentary subscription to the [SDP Newsletter](#) and [SDP Current Issues](#)
- Access to the SDP Membership Directory

Name _____
(First) (Middle) (Last)

Job Title _____

Company/Agency _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____ Country _____

Telephone Number _____ Fax _____

Email _____

Applicant Signature _____ Date _____

Payment may be made by check, Visa/MC or American Express to the Society's office at the address above.

VISA ___ MC ___ AMEX ___ Card Number _____ Expiration Date _____