



SOCIETY OF DEPRECIATION PROFESSIONALS

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505/867-0917 fax
sdp@his.com

Membership Invoice

Date _____

Annual Membership Fee - \$75.00

Membership Status (Check one)

____ New Member

How did you hear of us? _____

____ Renewal

Membership Category

____ Senior Member - Two or more years of depreciation experience

____ Associate Member - Less than two years of depreciation experience

____ Student Member - Currently enrolled in higher education with an interest in depreciation engineering as a field of study or vocation

Name _____
(First) (Middle) (Last)

Job Title _____

Company or Agency Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone Number _____ FAX _____ e-mail _____

Applicant's Signature _____

Payment can be made by check and sent to the Society's office at the address above, or by VISA/MC or American Express.

VISA____ MC____ AmEx____ Card Number _____ Expiration Date: _____