

Society of Tribologists and Lubrication Engineers

Membership Application

STLE does not share or sell member data.

If you have concerns, please contact us so we can address them quickly

840 Busse Highway Park Ridge, IL 60068 USA Tel: 847-825-5536 Fax: 847-825-1456 E-mail: Membership@stle.org

| Select Prefix: Full Name: | | | |
|--|-------------------------|--|--|
| Professional Title: | | | |
| Company / Institution | | | |
| Work Address | Home Address | | |
| City: State/Prov: | City: State/Prov: | | |
| Country: Postal Code: | Country: Postal Code: | | |
| Phone: Fax: | Phone: Date of Birth: | | |
| E-mail: | E-mail: | | |
| Preferred Mailing Address | Preferred Email Address | | |
| To obtain correct membership type, please check all that apply (at least one check required) | | | |
| I hold a in: | | | |
| | | | |
| I have 6 years in a supervisory role with industry knowledge | | | |
| I have 3 years in a supervisory role of engineers or scientists | | | |
| I hold STLE certification in CLS, CMFS or OMA | | | |
| I currently do not have any of the above qualifications | | | |
| Other Major or Course work in: | Degree | | |
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| Journals: A <u>print</u> copy and full online access to Tribology & Lubrication Technology (TLT) , a monthly magazine focusing on applied research and | | | |
| practices, is included with membership, plus online access to <i>Tribology Letters</i> and <i>Tribology Transactions</i> online technical journals. | | | |
| GO GREEN: Check box if you would like <u>all digital access</u> (no print issues of TLT). | | | |
| Consider Making a Scholarship Donation. | | | |
| Your donation supports three STLE academic research awards to encourage students to pursue an advanced degree or a career in tribology or lubrication engineering. Your Gift Amount is tax deductable. | | | |
| Additional information is available on the STLE web site. Enter Amount \$ | | | |

| STLE strives to provide you with the highest level of service. Please provide some additional background information so we can better provide you with services that suit your interests | | | |
|--|------------------|----------------|--|
| (select multiple by holding down Ctrl key and clicking on selections). | | | |
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| Renewal Rates | | | |
| Name as it appears on card: | | | |
| Credit Card: | | | |
| Amount to be charged: | Expiration Date: | Security Code: | |
| I understand that I am applying for membership to the Society of Tribologists and Lubrication Engineers. The information I have supplied is true and accurate to the best of my knowledge. I understand that dues are nonrefundable. | | | |

Return this completed form with payment to: STLE, 840 Busse Highway, Park Ridge, Illinois (USA) 60068

Phone (847) 825-5536 • Fax (847) 825-1456 • E-mail: Membership@stle.org.

Payment must accompany application. All payments from outside the U.S. must be by credit card or check drawn on a U.S. bank. Your profile and preferences can be viewed and edited when you log into www.stle.org