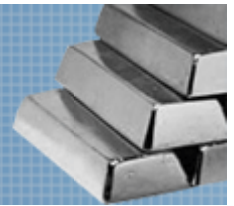




The Silver Users Association



MEMBERSHIP APPLICATION

Annual Membership Fee: \$2,500

Company Information

Company Name: _____

Address: _____

City: _____

State: _____

Postal Code: _____

Telephone: _____

Fax: _____

Contact Name: _____

Title: _____

E-Mail Address: _____

Web Site URL: _____

Mailing Address (If different from above):

Primary Business: (Check all that apply.)

- Photographic
 Electronic
 Dental-Medical
 Silverware-Commemorative Art
 Refining
 Association
 Industrial – Fabricated
 Banking & Finance
 Other: (describe) _____

Areas of Interest: (Check all that apply.)

- Advocacy/Lobbying
 Industry Information/Newsletter
 Networking/Business Development
 Web Site Presence
 Other: _____

Annual Fee & Method of Payment

Annual Fee: **\$2,500**

- Enclosed is a check made payable to the Silver Users Association
 Please charge my (check only one) VISA MasterCard for the annual fee.

Credit Card #:

Exp. Date: ____/____/____
Month Year

Name Appearing on Credit Card: _____

Authorized Signature: _____