



SMRP Indiana Chapter Membership Application

Please send this application with dues payment to:

SMRP Indiana Chapter
PO Box 645
Indianapolis, IN 46206

Name: _____ Professional Title: _____

Credentials (ie: CMRP, PE): _____ Division/Department: _____

Company Name: _____

Mailing Address: _____

City, State, Province: _____ Zip: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Membership Type

\$ 40 Individual Member

Individuals who are part- or full-time maintenance and reliability professionals engaged in work or research relating to maintaining plants and facilities and/or pursuing research in connection with improving the science and procedures of maintenance and reliability. Individual members shall have the right to vote at the Annual Business Meeting, may hold office, and may serve on the Board of Directors.

\$ 40 Executive Member

Companies and other organizations that employ maintenance and reliability professionals engaged in work or research relation to maintaining plants and facilities and/or pursuing research in connection with improving the science and procedures of maintenance and reliability, and have a maintenance process supported by a policy of continuous improvement that demonstrates a formal organizational commitment toward improving reliability of equipment and operations.

\$ 40 Supplier Member

Individuals, companies and other organizations that are providers of goods and services supporting the maintenance and reliability function. Membership shall not in anyway imply endorsement of their goods and services. Each Supplier Member shall have the right to vote at the Annual Business Meeting but not vote on amendments to the bylaws of the chapter. Supplier Members may not hold office of Chair or Vice Chair.

\$ 40 Emerging Professional Member

Individuals enrolled in a rigorous course of study, educational institution or training program applying to the maintenance and reliability function. Emerging Professional members are not entitled to voting privileges, may not hold office, and may not serve on the Board of Directors.

How did you hear about SMRP? (circle one)

Colleague Publication Website Other _____

Were you referred by a SMRP members? If so, please include name: _____

Payment Information

Make checks payable to SMRP Indiana Chapter

Dues Amount Enclosed \$ _____ Check # _____ PO # _____

VISA AMEX Credit Card# _____ Exp. Date: _____

MC Discover Signature: _____ Name on Card: _____