

Membership Application

Please check one: New Member Renewal

(Please print)

Name: _____ Degree: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

MEMBERSHIP TYPE:

Regular Member: (Includes electronic access to the *Biometrics* Journal, *JABES* Journal and *Biometric Bulletin* Newsletter) - **\$90.00**

Regular Member: (includes print subscription of one journal, either *Biometrics* Journal or *JABES* Journal, and *Biometric Bulletin* newsletter) - **\$100.00** *Biometrics* Journal *JABES* Journal

Regular Member: (Includes print subscriptions to *Biometrics* Journal, *JABES* Journal, and *Biometric Bulletin* newsletter) - **\$110**

Student Member: (Includes electronic access to the *Biometrics* Journal, *JABES* Journal and *Biometric Bulletin* Newsletter) - **\$10.00**

I certify that _____ is a full-time student.

Signature: _____ Title: _____

Supporting Member - \$30.00

A Regular Member who is a member of a Region/National Group, termed Region/Group [R], may elect to become a Supporting Member in another Region/National Group, termed Region/National Group [S]. Supporting Members will pay the International portion of the dues once and pay the additional Regional dues only to Region/National Group [S]. A Regular Member may become a Supporting Member of more than one Region or National Group. A Regular Member At-large may also become a Supporting Member in a Region/National Group of their choice. Supporting Members may not vote or hold any office in Regions/National Groups they support.

PLEASE INDICATE TWO AREAS OF INTEREST:

Agriculture (01)

Genetics and Heredity (05)

Natural Resources:

Animal and Veterinary Science (02)

Molecular Biology and Biotechnology (06)

Ecology (08)

Forestry (11)

Clinical Trials (03)

Toxicology (07)

Entomology (09)

Wildlife (12)

Epidemiology (04)

Fisheries (10)

PAYMENT INFORMATION:

Enclosed is my check, payable to ENAR (Remittance accepted only in US currency)

Please charge my membership dues to : Visa MasterCard American Express

Card No. _____ Name on Card: _____

Exp. Date _____ Signature _____

The International Biometric Society



Eastern North American Region (ENAR)

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Wachovia Bank/ ENAR

P.O. Box 758929

Baltimore, MD 21275-8929