

**ENAR**

# MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE

FULL NAME (FIRST/MIDDLE INITIAL/LAST)

EMPLOYER/AFFILIATION

TITLE

DEGREE TYPE

YEAR OF LAST DEGREE

MAILING ADDRESS

CITY/STATE/ZIP CODE/COUNTRY

DAYTIME PHONE

FAX

EMAIL

## MEMBERSHIP TYPE

☐ **Regular Member** **\$ 160**Includes electronic access to the *Biometrics Journal*, *JABES*, and *Biometric Bulletin* Newsletter.☐ **Regular Member** **\$ 170**Includes electronic access to the *Biometric Bulletin* Newsletter and a print subscription to *JABES*.☐ **Supporting Member** **\$ 30**☐ **Student Member** **\$ 20**Includes electronic access to the *Biometrics Journal*, *JABES* and *Biometric Bulletin* Newsletter.

I certify that \_\_\_\_\_ is a full-time student.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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.

In compliance with GDPR, a new regulation for data protection and privacy, I elect to receive email communication from ENAR regarding membership, society activities and the Spring Meeting.

☐ YES☐ NO

## PAYMENT INFORMATION

☐ Enclosed is my **check**, payable to ENAR (Remittance accepted only in US currency)☐ Please **charge** payment to: ☐ VISA ☐ MasterCard ☐ Amex

CARD NO.

EXP. DATE

CSC

NAME ON CARD

SIGNATURE

Eastern North American Region (ENAR)  
11130 Sunrise Valley Drive, Suite 350  
Reston, Virginia 20191

**T:** 703.234.4146 **F:** 703.234.4147**E:** [enar@enar.org](mailto:enar@enar.org)

## PLEASE CHECK ONE:

☐ New Member☐ Renewal

## PLEASE INDICATE TWO AREAS OF INTEREST:

☐ Agriculture (01)☐ Animal & Veterinary Science (02)☐ Clinical Trials (03)☐ Epidemiology (04)☐ Genetics & Heredity (05)☐ Molecular Biology &  
Biotechnology (06)☐ Toxicology (07)

## NATURAL RESOURCES:

☐ Ecology (08)☐ Entomology (09)☐ Fisheries (10)☐ Forestry (11)☐ Wildlife (12)

Return Completed Form and  
Payment via mail to:

**Eastern North American Region  
(ENAR)**

11130 Sunrise Valley Drive  
Suite 350  
Reston, Virginia 20191

The personal information ("personal data") you provide on this form is being collected with your consent, for the exclusive purpose of permitting ENAR to facilitate, contact and bill you in connection with your membership. The personal data is subject to the terms of ENAR's privacy policy (<https://enar.org/about/policy.cfm>). A party located in the European Union or European Economic Area wishing to exercise rights under the General Data Protection Regulation (GDPR) with respect to such personal data should contact [privacy@enar.org](mailto:privacy@enar.org)