



# 2009 MEMBERSHIP APPLICATION

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*Application / Payment / Inquiries to:*  
 Society for Leukocyte Biology • 9650 Rockville Pike • Bethesda, MD 20814-3998 USA  
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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Degree(s) \_\_\_\_\_  
 Institution \_\_\_\_\_ Department \_\_\_\_\_  
 Present Position \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State / Province \_\_\_\_\_ ZIP / Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_  
 EDUCATION & ACADEMIC DEGREES (include Year & Institution) \_\_\_\_\_

PROFESSIONAL EXPERIENCE – please **attach** your **CV** and/or list of **published papers**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

• **FULL Membership** applicants should have a doctorate degree and **attach** evidence of scientific achievement (**CV; list of published papers**).  
 • **STUDENT/POSTDOC Membership** applications are welcome from anyone whose qualifications/interests are demonstrated by experience.

Name of Dept Chair/Advisor required for **Student/Postdoc status confirmation:** \_\_\_\_\_

SELECT MEMBERSHIP TYPE	All of USA (USD) and *Maryland state tax EXEMPT	*Maryland USA NOT tax exempt	Canada / Mexico (USD)	Rest-of-World (USD)
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<input type="checkbox"/> Student/Postdoc Membership (Dues + Journal)	\$ 60	\$ 62.50	\$ 60	\$ 108
<input type="checkbox"/> Student/Postdoc Membership (Dues only)	\$ 10	\$ 10	\$ 10	\$ 10
<input type="checkbox"/> <i>By appointment only:</i> Editorial Board Membership (Dues only) <i>Complimentary JLB subscription:</i> <input type="checkbox"/> paper <input type="checkbox"/> electronic	\$ 50	\$ 50	\$ 50	\$ 50

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\*\*For multi-site prices, please contact Jennifer Pesanelli at [JPesanelli@faseb.org](mailto:JPesanelli@faseb.org); or, in Europe, contact David Charles at [davcharles@wanadoo.fr](mailto:davcharles@wanadoo.fr)  
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