

INTERNATIONAL CYTOKINE SOCIETY MEMBERSHIP APPLICATION



International Cytokine Society

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<http://www.weizmann.ac.il/cytokine/>

- Please Type or Print -

Name _____
First Middle Last

Department _____

Institution _____

Address _____

City _____ State/Country _____ Zip _____

Phone _____ FAX _____ E-mail _____

Highest Degree _____ Present Position _____

Education and Academic Degrees _____

Professional Experience _____

Type of Membership (check one):

- FULL MEMBER. Dues are \$50 US dollars. Outside North America add \$5 to cover international postage.
- STUDENT MEMBER. Dues are \$25 US dollars. Outside North America add \$5 to cover international postage.
- AFFILIATE MEMBER. Dues are \$25 US dollars. Outside North America add \$5 to cover international postage.

• It is preferred, but optional, that applicants be sponsored by a member in good standing.

Sponsor's Signature _____ Date _____

Sponsor's Name (Please Print) _____

- Mail original and three (3) copies of this application to the address above.
- Enclose original and three (3) copies of list of relevant publications(maximum of four).
- Qualification for Student membership based on activities and publications of the mentor's laboratory.
- Affiliate Membership is a nonscientific membership.
- A check or credit card for annual dues payable to the International Cytokine Society must accompany this application.

Applicant's Signature _____ Date _____

- To pay by credit card complete information below -

Credit Card Information: VISA MASTERCARD AMERICAN EXPRESS

Card Number _____ Expiration Date _____

Signature _____