



SOCIETY FOR MATHEMATICAL BIOLOGY

APPLICATION FOR MEMBERSHIP

Date Submitted: _____

Last Name (Family Name)	First Name	Middle Initial
Address (Include Country)		
Telephone Number (Optional) Include Area Code or Country Code	E-mail address (Optional)	Fax Number (Optional)

Check appropriate box for membership designation:

- Full member –Country Group A* -- 2008 Dues: \$50.00
- Joint member - I am a full member of ESMTB or JSMB -- 2008 Dues: \$40.00
- Full member – Country Group B* -- 2008 Dues: \$35.00
- Student member – Country Group A* -- 2008 Dues: \$25.00
- Student member – Country Group B* or student member of
ESTMB or JSMB -- 2008 Dues: \$20.00

If applying for a Student Membership, please have a faculty member of your institution sign below, certifying that you are a full-time student:

Faculty Member Name: _____
Position: _____
Address: _____

Faculty Signature: _____

*Countries in Group A: Australia, Brunei, Canada, Israel, Japan, Kuwait, New Zealand, Saudi Arabia, Singapore, South Korea, United Arab Emirates, USA, Western European Countries.

All countries not listed in Group A are in Group B.

Mail or FAX this application form along with payment to the Treasurer's address below.

Payment may be made by check or money order payable to SMB through any US Bank, by International Postal Money Order, or by credit/debit card:

Visa or Mastercard # _____, Expiration date _____,

Authorizing Signature _____

Treasurer: Torcom Chorbajian
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