IAMB

Membership Application

Please fax this form to (011 USA) 301-585-1417 or mail to IAMB Membership, P.O. Box 8040, MD 20907 USA.

First Name	Last Name	Middle Initials	___ Male ___ Female
Date (mm/dd/yy) / /	Academic/Professional Degree (Ph.D., DBA etc)	Position/Title	
Membership Status ___ New Member ___ Extending Membership ___ Updating Information	Institution	Department	
	Institution Address		
	City State	Zip Code	Country
Telephone Number Office Mobile Fax		E-Mail Address	

Membership Categories & Fees

Regular:	2 year	$80	5 year	$160
Graduate Student*:	2 year	$60		
Institutional**:	1 year	$125	3 year	$250

* Fax a copy of Student ID

** Up to 5 members per year at the same institution

In this section, you will need to make your own calculation.

Select Membership type (write in)	Write amount
IAMB Scholarship Fund Contribution (optional) (circle choice): $10 $20…$25 $30 $40 $50 $100	Write amount
Total amount due	Write total amount

Fax Number: (001 USA) 301-585-1417

Make check payable to IAMB Membership
Send to :
IAMB Office
P.O. Box 8040
Silver Spring, MD 20907, USA