



# MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

COMPANY/INSTITUTION \_\_\_\_\_

Please provide both when possible but indicate your preferred mailing address –

Business/School Address  Home Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ ST/PROV \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Did a current member of BMES suggest that you join? Please provide their name: \_\_\_\_\_

Member Category (See Page 2 for Criteria)	Amount (In US\$)	Ext.
<input type="checkbox"/> Member (Includes Journal Subscription) By submitting this application I certify that I meet MEMBER CRITERIA LEVEL _____	\$200	
<input type="checkbox"/> Affiliate Indicate type of business or service _____	\$200	
<input type="checkbox"/> Early Career Indicate Year of Graduation _____	\$ 80	
<input type="checkbox"/> Student Provide Student ID# _____ & Expected Year of Graduation _____	\$ 30	
<input type="checkbox"/> Corresponding By submitting this application I certify I do not meet the criteria for any other membership category.	\$ 25	

Additional Fees		
<input type="checkbox"/> Journal Subscription (for Early Career, Student and Corresponding members ONLY)	\$ 50	
International Mailing Surcharge (for Fellows, Members, Affiliates, and others who have purchased Journal Subscriptions)		
<input type="checkbox"/> Canada & Mexico	\$ 10	
<input type="checkbox"/> All Other Countries	\$ 35	
<input type="checkbox"/> NEW "Go Green" OPTION - Electronic Viewing ONLY	N/A	

<b>TOTAL DUE</b>	<b>\$</b>
------------------	-----------

**FELLOWS, MEMBERS, AFFILIATES and other SUBSCRIPTION HOLDERS who receive print copies of the journals:**

Your subscription includes *Annals of Biomedical Engineering* and one of the following. Please choose:

Cellular and Molecular Bioengineering (CMBE) or  Cardiovascular Engineering Technologies (CVET)

Please make checks payable to BMES.

**Mail to:**

BMES  
 8201 Corporate Drive, Ste 1125  
 Landover, MD 20785

**Fax to:**

(301)459-2444

Credit Card  VISA  MC  Discover  American Express

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Thank you!**