

IABS Membership Application

International Association for Biomedical Science

Candidate Information (please type or print clearly)

Last Name: _____ First Name: _____ Middle Initial: _____

Position/Title: _____

Institution/Company: _____

Department/Division: _____ Building/Room: _____

Street Address: _____

City: _____ State or Province: _____ Zip or Postal Code: _____ Country: _____

Tel. (include area code): _____ Fax (include area code): _____

E-mail: _____ Website URL: _____

Academic Degrees (list all academic degrees including where and the year granted):

Primary Field of Research (please check only one)

Basic research/studies Biophysics Carcinogenesis Cell Biology Cellular Biology Cellular Biochemistry Cell and Tissue Research
Chemistry Cytology Genetics Pathology Genetics Histology Immunology Molecular Biology
Microbiology Pathogenic and Animal Models Pharmacology Virology

Clinical investigations Biostatistics Cardiology Clinical Epidemiology Endocrinology Gastroenterology Gerontology
Hematology Hepatology Immunology Nephrology Neurology Neuropathology Oncology
Ophthalmology Otolaryngology Obstetrics and Gynecology Rheumatology Vascular Biology
Pharmacology Therapeutics

Other (please specify) _____

Demographic Information

Information concerning gender and ethnic background is solicited to enable the Association to ensure that its programs are appropriately serving all members of the research community.

Gender Male Female **Date of Birth:** _____
Month/Day/Year

Race or Ethnic Background (please check only one)

Caucasian African American/Black Hispanic Asian Native American Alaskan Native Native Pacific Islander Other

Statement and Signature of Candidate

I hereby apply for membership. I have read the qualifications and instructions

I certify that the statements on this application are true.

Signature of Candidate: _____ Date: _____