

INTERNATIONAL SOCIETY FOR INTERFERON AND CYTOKINE RESEARCH

9650 Rockville Pike, Bethesda, Maryland 20814-3998 USA
Telephone # (301) 634-7250 ♦ Fax # (301) 634-7420
WEBSITE <http://www.isicr.org> ♦ EMAIL: isicr@faseb.org

2008 NEW MEMBERSHIP APPLICATION

Please Print or Type Legibly

Name _____
(First) (Middle) (Last)

Department _____

Organization _____

Street Address/PO # _____

Address _____
(City) (State/Province) (Zip) (Country)

ATTENTION: *Street Address and zip + 4 now required by Postal Service for delivery. (US Only)*

Telephone () _____ Fax () _____

E-Mail address: _____

Dues payments entitle a member to receive the annual Directory of Members, Newsletters, annual meeting program, and all meeting announcements.

MEMBERSHIP DUES

	<u>ONE-YEAR</u>	<u>TWO-YEAR</u>	<u>THREE YEAR</u>	<u>FIVE YEAR</u>
<input type="checkbox"/> Regular Member (2008)	\$50.00	\$90.00	\$120.00	\$200.00
<input type="checkbox"/> Emeritus Member (2008)	\$25.00	N/A	N/A	N/A
<input type="checkbox"/> Postdoctoral Fellow Member (2008)	\$10.00	N/A	N/A	N/A
<input type="checkbox"/> Student Member: 1 free 3 years membership upon receipt of proof of student status (<i>Students/post-docs please complete box on lower portion of form</i>)				
<input type="checkbox"/> Life Member (Must be over 55) --- \$500.00				

JOURNAL OF INTERFERON AND CYTOKINE RESEARCH

2008 Member Rates (Circle One)	\$289.00 (USA Print)	\$289.00 (Foreign Print)
	\$346.00 (USA Print & Online)	\$346.00 (Foreign Print & Online)
	\$289.00 (USA Online Only)	\$289.00 (Foreign Online Only)

TOTAL PAYMENT

\$ _____

Online questions, contact the Publisher (Mary Ann Liebert) directly at (914) 740-2100.

To assure proper crediting of dues and processing of Journals, please remit dues promptly.

PLEASE TYPE OR PRINT LEGIBLY

CREDIT CARD INFORMATION (Please Circle One) American Express VISA Master Card Discover

Card Number _____ Name on Card _____

Expiration Date _____ Authorized Signature _____

NOTE: Credit Card Charges will be processed by the Federation of American Society for Experimental Biology.

STUDENT MEMBERSHIP

I certify that _____ is a candidate for an advanced degree or a post-doctoral fellow
Please Print Name
in a field related to Interferon and Cytokine Research Institution _____

Department _____
(Signature of applicant's major research advisor)