



# THE AMERICAN SOCIETY FOR CELL BIOLOGY APPLICATION FOR 2013 MEMBERSHIP

(January 1, 2013 - December 31, 2013)

## MEMBERSHIP INFORMATION

Membership in the Society is open to scientists who share the Society's purposes to promote and develop the field of cell biology and who have educational or research experience in cell biology or an allied field. The maximum duration of post-doctoral membership is four years.

**Qualifications for Regular or Postdoctoral Membership:** The applicant must hold a Ph.D., M.D., or an equivalent degree, or must have equivalent experience.\*

**Qualifications for Graduate Student Membership:** The applicant must be a doctoral candidate or working toward completion of a master's degree. The application must be endorsed by the dissertation advisor.

**Qualifications for Undergraduate Student Membership:** The applicant must be working toward completion of a bachelor's degree, or be a recent graduate within two years of degree conferral. The applicant must be enrolled as an undergraduate student, or have been a recent graduate within two years of degree conferral.

Please provide the following information:

Applying for:  Regular Membership  Postdoctoral Membership  
 Graduate Student Membership  Undergraduate Student Membership

YEAR OF BIRTH: \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ACADEMIC DEGREES (include granting institutions and years): \_\_\_\_\_

YOUR CURRENT MAILING ADDRESS (as will be published in the online Directory of Members):

INSTITUTION: \_\_\_\_\_

STREET ADDRESS OR P.O. BOX \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

COUNTRY if not U.S.: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PUBLICATIONS (List no more than five publications. Include all authors, titles, and journals.):

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

**FOR POSTDOCTORAL MEMBERSHIP ADD THE FOLLOWING:**

I certify that the applicant is a postdoctoral fellow in training in my laboratory:

\_\_\_\_\_  
Print name of Principal Investigator:

\_\_\_\_\_  
(Signature required next to printed name [Endorsement of Membership Application])

Date: \_\_\_\_\_

**FOR STUDENT MEMBERSHIP ADD THE FOLLOWING:**

Dissertation or Master's Degree advisor or Undergraduate advisor

\_\_\_\_\_  
(Signature required next to printed name [Endorsement of Membership Application])

Date: \_\_\_\_\_

Thesis topic (for Graduate Student Membership)

\_\_\_\_\_

**\*EQUIVALENT EXPERIENCE** (Describe experience equivalent to Ph.D. degree):

\_\_\_\_\_

**DUES**

**Regular Membership - \$145**

**Postdoctoral Membership - \$ 66**

**Graduate Student Membership - \$ 42**

**Undergraduate Student Membership - \$ 22**

*NOTE: Dues include subscription to **Molecular Biology of the Cell** in electronic format.*

**DUES PAYMENT**

\_\_\_\_\_ Enclosed is my check made payable to the ASCB (U.S. funds only) in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Please charge the amount of \$ \_\_\_\_\_ to my credit card (check one):

[  ] Visa    [  ] Master Card    [  ] American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name as it appears on credit card:

\_\_\_\_\_

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

Billing Address for Cardholder:

\_\_\_\_\_

**NOTE: IF CREDIT CARD IS USED, NAME, SIGNATURE, AND ADDRESS INFORMATION MUST BE PROVIDED ABOVE.**

Membership includes a subscription to **Molecular Biology of the Cell**

Submit completed application form with dues payment to: The American Society for Cell Biology, 8120 Woodmont Avenue, Suite 750, Bethesda, MD 20814-2762, USA. Original advisor signature must be received by mail. For further information contact the ASCB National Office Tel: 301-347-9300; Fax: 301-347-9310; E-mail: [ascbinfo@ascb.org](mailto:ascbinfo@ascb.org).