

# INTERNATIONAL CYTOKINE SOCIETY MEMBERSHIP APPLICATION



*International Cytokine Society*

119 Davis Road, Suite 5A • Augusta, GA 30907 USA

TEL: (706) 228-4655 • FAX: (706) 228-4685

E-Mail: [sherwoodreichard@earthlink.net](mailto:sherwoodreichard@earthlink.net)

<http://www.weizmann.ac.il/cytokine/>

- Please Type or Print -

Name \_\_\_\_\_  
First Middle Last

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Highest Degree \_\_\_\_\_ Present Position \_\_\_\_\_

Education and Academic Degrees \_\_\_\_\_

Professional Experience \_\_\_\_\_

Type of Membership (check one):

- FULL MEMBER. Dues are \$50 US dollars. Outside North America add \$5 to cover international postage.
- STUDENT MEMBER. Dues are \$25 US dollars. Outside North America add \$5 to cover international postage.
- AFFILIATE MEMBER. Dues are \$25 US dollars. Outside North America add \$5 to cover international postage.

- It is preferred, but optional, that applicants be sponsored by a member in good standing.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Name (Please Print) \_\_\_\_\_

- Email or send application to the above address.
- List relevant publications (maximum of four).
- Qualification for Student membership based on activities and publications of the mentor's laboratory.
- Affiliate Membership is a nonscientific membership.
- A check or credit card for annual dues payable to the International Cytokine Society must accompany this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

- To pay by credit card complete information below -

Credit Card Information:  VISA  MASTERCARD  AMERICAN EXPRESS

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_