



Membership Application

Please fax this form to (011 USA) 301-585-1417 or mail to IAMB Membership, 3010 Medway St., Silver Spring, MD 20902 USA.

First Name		Last Name		Middle Initials	___ Male ___ Female	
Date (mm/dd/yy) / /		Academic/Professional Degree (Ph.D., DBA etc)		Position/Title		
Membership Status ___ New Member ___ Extending Membership ___ Updating Information	Institution			Department		
	Institution Address					
	City		State	Zip Code	Country	
Telephone Number Office                                  Mobile                                  Fax				E-Mail Address		

**Membership Categories & Fees**

Regular/Faculty: 2 year \$80                  5 year     \$150  
 Graduate Student\*: 2 year \$55  
 Institutional\*\*: 1 year \$125                  3 year     \$250     5 year     \$400  
 \* Fax a copy of Student ID  
 \*\* Up to 5 members per year at the same institution

In this section, you will need to make your own calculation.

Select Membership type (write in)	Write amount
IAMB Scholarship Fund Contribution (optional) (circle choice): \$10 \$20...\$25 \$30 \$40 \$50 \$100	Write amount
Total amount due	Write total amount

**Fax Number: (001 USA) 301-585-1417**

Make check payable to IAMB Membership  
 Send to :  
 IAMB Office  
 3010 Medway Street  
 Silver Spring, MD 20902, USA