

MEMBERSHIP APPLICATION



PO Box 4429
Danbury, CT 06813-4429
Phone: 203.702.7660/1.800.242.4363
Fax: 203.775.5177
Email: customerservice@aiiche.org
Web: www.aiiche.org/sbe

1. PROVIDE APPLICANT INFORMATION

I prefer to have my SBE materials sent to my ☐ Home ☐ Office

Name _____

Title _____ Company/Organization _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Bus. Tel. _____ Home Tel. _____ Cell Tel. _____ Fax _____

E-mail _____ Date of Birth ____/____/____ Gender ☐ F ☐ M

2. INDICATE YOUR ACADEMIC TRAINING

Name of College or University	Degree	Major	Date of Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. INDICATE YOUR BIOLOGICAL ENGINEERING INTERESTS Check all that apply

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> (01) Bio-catalysis | <input type="checkbox"/> (08) Bionanotechnology | <input type="checkbox"/> (15) Drug Delivery | <input type="checkbox"/> (22) Molecular Eng |
| <input type="checkbox"/> (02) Biochemical Eng | <input type="checkbox"/> (09) Biopharmaceuticals | <input type="checkbox"/> (16) Drug Discovery | <input type="checkbox"/> (23) Pharmacokinetics |
| <input type="checkbox"/> (03) Bio-energy/power | <input type="checkbox"/> (10) Bioprocessing | <input type="checkbox"/> (17) Electrophoresis | <input type="checkbox"/> (24) Protein Eng |
| <input type="checkbox"/> (04) Bio-fuels | <input type="checkbox"/> (11) Bioreaction Eng | <input type="checkbox"/> (18) Func. Genomics | <input type="checkbox"/> (25) Proteomics |
| <input type="checkbox"/> (05) Bioinformatics | <input type="checkbox"/> (12) Bio-sensors Tech | <input type="checkbox"/> (19) Gene Therapy | <input type="checkbox"/> (26) Tissue Eng |
| <input type="checkbox"/> (06) Biomaterials | <input type="checkbox"/> (13) Bioseparations | <input type="checkbox"/> (20) Genetic Eng | <input type="checkbox"/> (27) Other _____ |
| <input type="checkbox"/> (07) Biomedical Eng | <input type="checkbox"/> (14) Cellular Eng | <input type="checkbox"/> (21) Metabolic Eng | |

4. MEMBERSHIP DUES

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Professional Member: | \$75 |
| <input type="checkbox"/> Professional Member of AIChE (\$199 paid membership): | \$15 AIChE Member Number: _____ |
| <input type="checkbox"/> Graduate Student Member: | \$25 |
| <input type="checkbox"/> Graduate Student Member of AIChE (\$50 paid membership): | \$15 AIChE Member Number: _____ |
| <input type="checkbox"/> Undergraduate Student Member: | FREE |

5. BIOTECHNOLOGY PROGRESS SUBSCRIPTION

	Print	Web	Both		Print	Web	Both
U.S.	<input type="checkbox"/> \$152	<input type="checkbox"/> \$70	<input type="checkbox"/> \$222	Non U.S.	<input type="checkbox"/> \$176	<input type="checkbox"/> \$70	<input type="checkbox"/> \$246

6. CHECK YOUR METHOD OF PAYMENT

- ☐ **Check enclosed** (US \$ drawn on a US Bank, made out to Society for Biological Engineering, AIChE)
- ☐ **Credit Card**
- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Diners Club | <input type="checkbox"/> Discover | |

TOTAL (Sections 4 & 5) \$ _____

Card Number _____

Exp. Date _____

Print Card Holder's Name _____

Card Holder's Signature _____

I, the undersigned, attest that the statements I have given are true. I agree to abide by the bylaws of the Society for Biological Engineering.

Signed _____ Date _____