

MEMBERSHIP APPLICATION



PO Box 4429
 Danbury, CT 06813-4429
 Phone: 203.702.7660/800.242.4363
 Fax: 203.775.5177
 Email: customerservice@aiche.org
 Web: <http://bio.aiche.org>

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

US, Canada and Mexico*

- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> Professional Member | \$75 | |
| <input type="checkbox"/> Professional Member of AIChE | \$10 AIChE Member Number: _____ | |
| <input type="checkbox"/> Graduate Student Member | \$25 | |
| <input type="checkbox"/> Graduate Student Member of AIChE | \$10 AIChE Member Number: _____ | |
| <input type="checkbox"/> Undergraduate Student Member | FREE | |

China, India and South Korea

- | | |
|---|------|
| <input type="checkbox"/> Professional Member | \$25 |
| <input type="checkbox"/> Graduate Student Member | \$25 |
| <input type="checkbox"/> Undergraduate Student Member | FREE |

*Rates apply to all other countries except China, India, and South Korea

5. BIOTECHNOLOGY PROGRESS SUBSCRIPTION

	Print	Web	Both		Print	Web	Both
Domestic	<input type="checkbox"/> \$152	<input type="checkbox"/> \$70	<input type="checkbox"/> \$222	International	<input type="checkbox"/> \$209	<input type="checkbox"/> \$70	<input type="checkbox"/> \$279

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 | |

Card Number _____

Exp. Date _____

Print Card Holder's Name _____

Card Holder's Signature _____

TOTAL (Sections 4 & 5) \$ _____

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 _____

SBE dues are tax deductible to the extent allowed by law. Please consult your tax advisor for further information.