

# MEMBERSHIP APPLICATION



PO Box 4429  
Danbury, CT 06813-4429  
Phone: Toll-free: 1-800-242-4363 or  
01-203-702-7660 outside the continental US  
Monday - Friday 9am - 5pm ET  
Fax: 203.775.5177  
Email: [customerservice@aiiche.org](mailto:customerservice@aiiche.org)  
Web: [www.aiiche.org/sbe](http://www.aiiche.org/sbe)

## 1. PROVIDE APPLICANT INFORMATION

I prefer to have my SBE materials sent to my  Home  Organization  School

Name \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Title \_\_\_\_\_ Company/University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Bus. Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Birth Year \_\_\_\_\_ Gender  F  M  Other

## 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

- |  |   |
|--|---|
| <b>Web</b>                             | <b>Web</b>                                  |
| Domestic <input type="checkbox"/> \$85 | International <input type="checkbox"/> \$85 |

## 6. CHECK YOUR METHOD OF PAYMENT

- Check enclosed** (US \$ drawn on a US Bank, made out to Society for Biological Engineering, AIChE)
- Credit Card**
- MasterCard  VISA  American Express  Discover

Card Number \_\_\_\_\_ CVV 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 \_\_\_\_\_