

## Southeastern Branch of the American Society for Microbiology Membership Application 2006-07

Name: \_\_\_\_\_ Highest Degree: \_\_\_\_\_  
 National ASM Number: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Status: \_\_\_ Faculty/Senior. Sci. \_\_\_ Staff \_\_\_ Post-Doc \_\_\_ Student

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e-mail Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Membership Dues	1 YR	2YR	3YR	Lifetime
Regular <sup>1</sup>	\$20.00	\$40.00	\$60.00	\$300.00
Associate <sup>2</sup>	\$20.00	\$40.00	\$60.00	\$300.00
Student <sup>3</sup>	No Charge	\$10.00	\$20.00	NA
Honorary <sup>4</sup>	*****No Charge*****			

<sup>1</sup>Regular Membership is available to persons within the geographic region of the Branch who are currently members of the American society for Microbiology.  
<sup>2</sup>Associate Membership is available to all persons interested in microbiology.  
<sup>3</sup>Student Membership is available to persons enrolled as full-time graduate or undergraduate students in an institution within the geographic region of the Branch. Applicants must complete the verification information below.  
<sup>4</sup>Honorary Membership is available to former members of the Branch who are currently retired (with or without Emeritus) in good standing from his/her institution.

Payment: Branch dues can be paid by check, or VISA or MASTERCARD. A \$1.00 processing fee is added for Credit Card charges. Please indicate (check) the following information:  
 Membership Type: \_\_\_ **Regular** \_\_\_ **Associate** \_\_\_ **Student** \_\_\_ **Honorary**  
 Enclosed Dues for: \_\_\_ **1 YR** \_\_\_ **2 YRS** \_\_\_ **3YRS** \_\_\_ **Lifetime**  
 Paying By: \_\_\_ **Check** \_\_\_ **VISA** \_\_\_ **Mastercard**

If paying by credit card, complete the following:  
 Print Name as Appears on Card: \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 I authorize the Southeastern Branch to charge the amount \$ \_\_\_\_\_ (total of dues + \$1.00 processing fee) to my credit card. \_\_\_\_\_ (Signature of card holder)

**Verification of Student Status:** I verify this applicant is currently enrolled as a full-time student at the graduate or undergraduate level in a degree program related to microbiology.  
 \_\_\_\_\_  
 Signature-Department/College Representative \_\_\_\_\_ Title

**Nomination:** As a Regular or Associate Member of the Southeastern Branch-ASM, I nominate this applicant for membership in our organization.  
 \_\_\_\_\_  
 Signature of Nominator \_\_\_\_\_ Print/Type Name of Nominator

**Make Checks Payable to:** Southeastern Branch – ASM  
**Mail Completed Application and Branch Dues to:** Benjie Blair, Executive-Secretary SEB-ASM  
 Department of Biological  
 Jacksonville State University  
 700 Pelham Road North  
 Jacksonville, AL 36265