

American Society for Microbiology Northern California Branch

Membership Form - New/Renewal

The current NCASM membership year runs from January 1, 2008, through December 31, 2008. Membership in NCASM guarantees that you will receive future NCASM newsletters as well as information about upcoming workshops and annual General Assembly Meetings. CEU fees for annual NCASM General Assembly meetings are included with membership. You will also be entitled to member registration rates for NCASM meetings and workshops.

To join NCASM or to renew your membership for this fiscal year please fill out this form and send it along with your check or money order (please do not send cash) to:

Kathleen Slater PHM, MT(ASCP)
NCASM Secretary
Santa Clara Co. Public Health Laboratory
2220 Moorpark Ave., 2nd Floor
San Jose, CA 95128

Kathleen.Slater@hhs.sccgov.org

Make checks payable to NCASM. DO NOT SEND CASH.

Type of membership (check one):

- NCASM Full (Current ASM# _____) (\$25/yr or \$50/2 yrs)
 NCASM Associate (ASM non-member) (\$25/yr or \$50/2 yrs)
 NCASM Student - (\$5/yr)

Employment/Discipline:

- Academia Public Health Industry/Biotech Clinical
 Other (specify) _____

Highest Degree Earned:

- Ph.D. M.D. Dr. PH Other
 M.S./M.A. B.S./B.A. Associate

I am interested in joining the following committee(s):

- Program Awards Undergraduate Student Chapters
 Science Education Newsletter

As a professional service, NCASM mails educational announcements and programs of a professional nature to all its members for allied professional groups and organizations at their cost. Like National ASM, NCASM may also occasionally permit commercial firms and nonprofit professional groups and organizations to mail advertising or other promotional material of interest to microbiologists to its members. All pieces proposed for NCASM mailing are subject to prior approval by NCASM.

Check here to have your name deleted from NCASM mailings of a commercial advertising nature. If your mailing label is incorrect, or if you are a new member, please complete the following:

This is my: home address business address

Name (First, Last): _____

Employer/Affiliation: _____

Mailing Address: _____

Telephone: (H)_____ (W)_____

FAX: _____ Email Address: _____