



**Northeast Branch of the
American Society for Microbiology**

DUES STATEMENT - RENEWAL
January 1, 2014 - December 31, 2014

Please check personal information.

Your dues are paid thru

Name: ASM member? ☐ ASM Membership No:

Preferred Home/
Mailing Business
Address: Address:

Phone (daytime): Preferred email:
Phone: Member type:

Professional position: Degree(s)/Year:
Specialty: Institution:

The above information is correct? ☐

Please indicate below updates to the contact information currently listed in our database.

() Business phone: Business email:
() Home phone: Home email:

Primary area of interest:

☐ Biotechnology
☐ Clinical/Public Health
☐ Education
☐ Industrial
☐ Marketing/Sales
☐ Other

**Are you interested in any of the
following Branch activities?**

☐ Working on Committees
☐ Running for Office

MEMBERSHIP OPTIONS

☐ Individual (\$ 15.00 annually)
☐ Individual (\$40.00 / 3 years)
☐ Student (\$ 10.00 annually)
☐ Emeritus (No charge)
.....
☐ N/A -- UPDATE ONLY

Renewals postmarked after September 1, 2013 will be effective January 1, 2014. Please make checks payable to: NORTHEAST BRANCH_ASM and send with this form to:

Patricia E. Kludt
6 Abigail Drive
Hudson, MA 01749

Date dues received:
Check No: