



Northeast Branch of the American Society for Microbiology

DUES STATEMENT - RENEWAL
January 1, 2017 - December 31, 2017

Please check personal information.

Your dues are paid thru

Name: ASM member? ASM Membership No:

Preferred Mailing Address:

 Home/Business 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

*Emeritus membership is defined as a member who is in good standing for 20 consecutive years, and who is retired from their profession.

Renewals postmarked after September 1, 2016 will be effective January 1, 2017. 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: _____