

INTERNATIONAL DOSE-RESPONSE SOCIETY\* • 2008 Membership Form for New and Renewing Members  
www.Dose-Response.org

Please choose one membership category (Payment in US Funds):

- Individual Membership—1 year  \$125—1 year
- Individual Membership—2 years  225—2 years
- Retiree Membership—1 year  75—1 year
- Retiree Membership—2 years  125—2 years
- Post-Graduate Membership—1 year  75—1 year (up to three years post-graduation)
- Post-Graduate Membership—2 years  125—2 years (up to three years post-graduation)
- Student Membership—1 year  10—1 year
- Student Membership—2 years  15—2 years
- Sustaining Member  1000/year
- Corporate Membership  5000/year

Renewal Membership           New Membership

*Please type or print clearly in ink only*

Last Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_

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

Organization

Department

Street/P.O. Box

City

State

Postal Code

Country

Telephone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
country code          area code          number

Fax: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
country code          area code          number

Email Address: \_\_\_\_\_

Payment (check one credit card type):

- American Express    MasterCard    Visa    Discover    Check (Payable to Univ. of Mass.-Dose-Response)

Account Number

Expiration Date

Completed application forms should be mailed, emailed, or faxed to:

**Dose-Response/BELLE Offices**

Environmental Health Sciences Program, School of Public Health

Morrill I, Room N344

University of Massachusetts

Amherst, MA 01003

Telephone: 413-545-3164

Fax: 413-545-4692

E-mail: Sorensen@ehs.umass.edu

Signature of Applicant

Date