

INTERNATIONAL DOSE-RESPONSE SOCIETY • Membership Form

Please choose one membership category (Payment by check or money order 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

E-mail Address: _____

Payment: Check or Money Order payments must be made payable to **International Dose-Response Society/UMass** in US Funds.

The completed application form along with your check or money order should be mailed 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