

# INTERNATIONAL SOCIETY for **Stem Cell Research**

## MEMBERSHIP APPLICATION

*The International Society for Stem Cell Research (ISSCR), an independent, nonprofit organization, has been established to promote and foster the exchange and dissemination of information and ideas relating to stem cells, to encourage the general field of research involving stem cells and to promote professional and public education in all areas of stem cell research and applications.*

### ACTIVE MEMBERSHIP

Application is open to any person with a doctoral degree or its equivalent who has manifested a continuous interest in any discipline important to stem cell research as evidenced by work in the field, original contributions, and attendance at meetings concerning stem cell research. Individuals who lack a doctorate but have exceptional qualifications are also eligible.

### ASSOCIATE MEMBERSHIP

Application is open to postdoctoral fellows or graduate students in stem cell research programs.

### AFFILIATE MEMBERSHIP

Application is open to individual representatives of industry and others with an interest in stem cell research who do not qualify for Active or Associate membership.

### ORGANIZATIONAL MEMBERSHIP

Application is open to companies, laboratories and other organizations with an interest in the related fields of stem cell research. The organization must designate one individual (below) to serve as the membership representative to ISSCR.

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ACADEMIC DEGREES (INCLUDE INSTITUTIONS AND YEARS) \_\_\_\_\_

AFFILIATION (INSTITUTION/COMPANY) \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

WEB SITE \_\_\_\_\_

HOME ADDRESS (OPTIONAL) \_\_\_\_\_

I PREFER TO RECEIVE SOCIETY MAIL AT MY HOME ADDRESS

I WISH TO BE EXCLUDED FROM PUBLISHED PRINT AND ELECTRONIC DIRECTORIES

### CERTIFICATE FOR ASSOCIATE MEMBERSHIP

*This section must be completed if you are applying for Associate Membership. Associate membership status is limited to four years.*

#### Graduate Training Program

INSTITUTION \_\_\_\_\_ YEAR STARTED \_\_\_\_\_

NAME OF TRAINING DIRECTOR \_\_\_\_\_

#### Post Doctoral Training

INSTITUTION \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ TITLE \_\_\_\_\_

I CERTIFY THAT (APPLICANT) \_\_\_\_\_ IS A GRADUATE STUDENT OR POSTDOCTORAL FELLOW IN MY PROGRAM  
SINCE \_\_\_\_\_. THE APPLICANT IS EXPECTED TO COMPLETE HIS/HER TRAINING PROGRAM BY \_\_\_\_\_.

NAME OF TRAINING DIRECTOR (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF TRAINING DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

**YOUR INTERESTS AND ACTIVITIES RELATED TO STEM CELL RESEARCH**

**PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER**

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_

**PROFESSIONAL ACTIVITIES** *Select all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Administrator       | <input type="checkbox"/> Allied Health Professional        |
| <input type="checkbox"/> Basic Researcher    | <input type="checkbox"/> Clinical Practitioner             |
| <input type="checkbox"/> Clinical Researcher | <input type="checkbox"/> Industry/Corporate Representative |
| <input type="checkbox"/> Retired             | <input type="checkbox"/> Student                           |
| <input type="checkbox"/> Teacher/Educator    | <input type="checkbox"/> Other _____                       |

**PROFESSIONAL SETTING** *Select all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Public or Private Health Provider | <input type="checkbox"/> Public or Private Research Institution |
| <input type="checkbox"/> Academic                          | <input type="checkbox"/> Government                             |
| <input type="checkbox"/> Nonprofit Foundation/Organization | <input type="checkbox"/> Industry                               |
| <input type="checkbox"/> Other _____                       |   |

**AREAS OF INTEREST** *Select all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Transplantation |
| <input type="checkbox"/> Animal Models         | <input type="checkbox"/> Cell Therapy    |
| <input type="checkbox"/> Disease               | <input type="checkbox"/> Genetics        |
| <input type="checkbox"/> Genomics              | <input type="checkbox"/> Gene Therapy    |
| <input type="checkbox"/> Cloning               | <input type="checkbox"/> Other _____     |

**ORGANIZATIONAL MEMBERSHIP APPLICANTS ONLY:** *Please list the e-mail addresses of up to five additional organizational representatives who will receive electronic copies of the ISSCR newsletter:*

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_  
 5 \_\_\_\_\_

**PAYMENT**

- |  |              |   |          |
|--|--------------|---|----------|
| <input type="checkbox"/> Active Membership         | CHARTER RATE |   | \$95     |
| <input type="checkbox"/> Associate Membership      | CHARTER RATE | <i>Shaded section of this form must be completed.</i> | \$45     |
| <input type="checkbox"/> Affiliate Membership      | CHARTER RATE |   | \$95     |
| <input type="checkbox"/> Organizational Membership | CHARTER RATE |   | \$5,000  |
| <input type="checkbox"/> Voluntary Donation        |              | <i>Please consider a gift in support of ISSCR.</i>    | \$ _____ |

**TOTAL** *ISSCR dues are renewed at the end of each calendar year.* \$ \_\_\_\_\_

- Check Enclosed *Payable to International Society for Stem Cell Research*  
 MasterCard     VISA     American Express     Wire Transfer

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date (MM/YY) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ALL APPLICATIONS MUST INCLUDE CHECK OR CREDIT CARD PAYMENT.**  
**ACTIVE AND ASSOCIATE APPLICATIONS MUST INCLUDE RESUME OR CV**  
 Membership Applications that are not accompanied by payment and resume (if required) will not be processed.  
*Membership in ISSCR is subject to approval by the ISSCR Membership Committee.*

**MAIL OR FAX THIS FORM TO**

**International Society for Stem Cell Research**  
 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA