

## The American Society for Bone and Mineral Research

2025 M Street, NW, Suite 800, Washington, DC 20036-3309, USA • Tel: (202) 367-1161 • Fax: (202) 367-2161 E-Mail: asbmr@asbmr.org • Internet: www.asbmr.org • ASBMR Tax Identification Number: 43-1123207

## **MEMBERSHIP APPLICATION**

January 1 to December 31, 2009

**ASBMR MEMBERS ENJOY VALUABLE BENEFITS...** an annual subscription to the *Journal of Bone and Mineral Research (JBMR)*, the opportunity to present or sponsor an abstract at the ASBMR Annual Meeting, discounted registration fees, as well as free ONLINE access to the *JBMR*, *ASBMR Membership Directory, Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, and Job Placement Service. Join ASBMR today by completing this application or visit our website at www.asbmr.org.

**DO YOU QUALIFY?** Any individual with a doctoral degree (M.D., D.D.S., D.V.M., Ph.D., or equivalent degree) who has published at least one creditable paper, monograph, or other publication in the field of bone and mineral research is eligible for Society membership.

**ASBMR's POLICY** allows any individual with a doctoral degree (as stated above), who has *not* published at least one creditable paper, monograph, or other publication in the field of bone and mineral research to apply for Society membership by simply appending a suitable explanation for the omission of a publication to his or her application. No other documentation is required.

Any individual who lacks either a doctoral degree or publication in the field may still apply for Society membership by appending to his or her application a suitable explanation, along with a letter of endorsement from a current member of the Society. These applications will be submitted to the Membership Review Committee for approval.

Membership Type (check one):  □ Full Member (U.S. and International) \$225.00  * Members In-Training: Please submit a letter from your mentor documenting you.  First Name: Middle Initial:  Degrees: □ M.D. □ Ph.D. List other degrees:	Last Name:
	Date Received
Mailing Address: Title:Department:	
Institution/Company:	
Street Address:	
City:State/Pro	
Zip Code/Postal Code: Country:	
(If you reside outside of the US, please provide country and city phone codes.)  Telephone (Office): Fax:  E-Mail:  Mailing Address for JBMR (if different from above):	
Publication (List one.):	
Payment Information:  Check/Money Order enclosed (Please make payable to ASBMR in US funds only, drawn on a bank with a US branch) Please charge my credit card:	By Fax to: (202) 367-2161 By Email to: asbmr@asbmr.org
□ VISA □ MASTERCARD □ AMERICAN EXPRESS  Card Number:	How Did You Hear About ASBMR?
Exp. Date: Cardholder's Name: Signature: Your signature authorizes your credit card to be charged for the <b>Total Payment</b> . ASBMR reserves the right to charge the correct amount if different from the <b>Total Payment</b> .	<ul> <li>□ Referred by a Mentor/Colleague</li> <li>□ Received information in the mail</li> <li>□ Advertisement (Online/Journal)</li> <li>□ ASBMR Exhibit:(Please specify conference)</li> </ul>
Remit application and appropriate fee, payable in U.S. Dollars to: By Mail to: ASBMR, 2025 M Street, NW, Suite 800 Washington, DC 20036-3309 USA	Other: (Please specify) ————————————————————————————————————