

# International Society of Developmental and Comparative Immunology

## MEMBERSHIP APPLICATION FORM

NAME (Last, first, Middle)	
PRESENT POSITION & INSTITUTION	
DEGREES (INSTITUTION & DATES)	
COMPLETE MAILING ADDRESS	
TEL/FAX	
E-MAIL	
RESEARCH INTERESTS	

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NB: 1. Membership payment includes subscription to the Society's Official Journal,

*Developmental and Comparative Immunology*

2. Current payments are \$60 for full members, \$40 for pre/post-doctoral members.

3. Pre/post-doctoral membership is limited to a total of 5 years.

4. Applications will not be processed without receipts of payment.

5. Send form together with appropriate payment (PAYABLE TO ELSIEVIER SCIENCE) to :

Norman W. Miller, Ph.D, Secretary/Treasurer, ISDCI

Dept. of Microbiology,

USA  
University of Mississippi Medical Center, 2500 N. State St., Jackson, MS 39216,

Tel. 601-984-1719; Fax. 601-984-1708; E-mail nmiller@microbio.umsmed.edu

6. For credit card payment, please complete the following:

Please charge my:  VISA     Master Card     American Express

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Account Number

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Billing Address (When paying by credit card, you must include your billing address)

I hereby apply for full \_\_\_\_\_ pre/post-doctoral \_\_\_\_\_ membership of ISDCI

Signature \_\_\_\_\_ Date \_\_\_\_\_