



# BioCommunications Association, Inc.

220 Southwind Lane, Hillsborough, NC 27278-7907

Voice/Fax: 919-245-0906

Email: office@bca.org

Online: www.bca.org

## Membership Application

### Applicant Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Position title \_\_\_\_\_ Company/Institution \_\_\_\_\_

Department \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone: wk. \_\_\_\_\_ hm. \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Web site URL \_\_\_\_\_

Previous BPA or BCA member? \_\_\_\_\_ Yes\* \_\_\_\_\_ No \*If yes, year first joined BCA \_\_\_\_\_

Please list your professional certifications \_\_\_\_\_

Please list your specialties \_\_\_\_\_

### Membership Type

All memberships are retroactive to January 1<sup>st</sup> of the current year.

\_\_\_\_\_ Active \$ 100.00 \_\_\_\_\_ Retired \$ 50.00

\_\_\_\_\_ Institutional \$ 100.00 \_\_\_\_\_ Student\* \$ 50.00

\*Student status must be verified annually, please complete the following:

School \_\_\_\_\_ Program \_\_\_\_\_

Signature below indicates applicant is enrolled as a full-time student and is in good standing.

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

Name \_\_\_\_\_ Title \_\_\_\_\_

### Payment Information

Membership fees are payable in U.S. funds to BioCommunications Association, Inc.

(For countries outside the U.S., bank drafts, money orders, MasterCard or Visa are acceptable.)

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Purchase order attached

\_\_\_\_\_ MasterCard/Visa Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature of card holder \_\_\_\_\_

Where did you first learn about the BioCommunications Association?

\_\_\_\_\_ From a BCA member \_\_\_\_\_ A BCA mailing or poster \_\_\_\_\_ Place of employment

\_\_\_\_\_ Attended a BCA meeting \_\_\_\_\_ An article in a magazine \_\_\_\_\_ School/Other:

\_\_\_\_\_ The BCA Web site \_\_\_\_\_ The Journal of Biocommunications \_\_\_\_\_