

# MEMBERSHIP FORM

## 2016 CALENDAR YEAR

TO COMPLETE THIS FORM ONLINE VISIT: [WWW.CBHD.ORG/MEMBERSHIP](http://WWW.CBHD.ORG/MEMBERSHIP)



### CONTACT INFORMATION:

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

Mailing Address \_\_\_\_\_

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

Country \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

### Professional Information

Degree/Cert. \_\_\_\_\_ Occupation \_\_\_\_\_

Organization \_\_\_\_\_

### 2016 MEMBERSHIP OPTIONS (May be tax deductible as a professional membership- consult your tax advisor)

- ☐ **2016 Student Member - \$40**  
(Please fax a copy of your current student ID)
- ☐ **2016 Standard Member -**  
**ELECTRONIC Subscription - \$75**
- ☐ **2016 Standard Member -**  
**PRINT Subscription - \$100**

**Members** receive the Center's quarterly publication *Dignitas* and the peer-reviewed journal *Ethics & Medicine: An International Journal of Bioethics* (3 issues annually), discounts on several professional journals, as well as discounts on the Center's Conferences.

### CHARITABLE DONATIONS (Tax deductible as a charitable gift, but does not include 2016 Membership)

*The majority of the Center's activities are funded through annual charitable contributions and we are grateful for each contributor. In order to make our memberships and conferences as accessible as possible, they are intentionally designed to be self-sustaining financially. Memberships and conferences do not fund any other activities of the Center. If you believe in the ongoing mission and work of CBHD ([cbhd.org/about-cbhd](http://cbhd.org/about-cbhd)) and share our values, we would appreciate your charitable financial support at any level. Thank you for your consideration!*

- ☐ Amount \$ \_\_\_\_\_ (you can also give online at [cbhd.org/give-online](http://cbhd.org/give-online))

**TOTAL ENCLOSED (membership fees + charitable donation for CBHD) = \$ \_\_\_\_\_**

**PAYMENT OPTIONS.** Please return this form with your payment to The Center for Bioethics & Human Dignity.

- ☐ Check enclosed.
- ☐ Charge my VISA, Mastercard, or Discover the full amount.

**VISA, MasterCard, or Discover Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Billing Address:** \_\_\_\_\_