



**Northeast Branch of the
American Society for Microbiology**

DUES STATEMENT - RENEWAL
January 1, 2014 - December 31, 2014

Please check personal information.

Your dues are paid thru

Name: ASM member? ASM Membership No:

Preferred Mailing Address:

 Home/Business Address:

Phone (daytime): Preferred email:
Phone: Member type:

Professional position: Degree(s)/Year:
Specialty: Institution:

The above information is correct?

Please indicate below updates to the contact information currently listed in our database.

() Business phone: Business email:

() Home phone: Home email:

Primary area of interest:

Are you interested in any of the following Branch activities?

MEMBERSHIP OPTIONS

- Biotechnology
- Clinical/Public Health
- Education
- Industrial
- Marketing/Sales
- Other _____

- Working on Committees
- Running for Office

- Individual (\$ 15.00 annually)
- Individual (\$40.00 / 3 years)
- Student (\$ 10.00 annually)
- Emeritus (No charge)
-
- N/A -- UPDATE ONLY

Renewals postmarked after September 1, 2013 will be effective January 1, 2014. Please make checks payable to: NORTHEAST BRANCH_ASM and send with this form to:

Patricia E. Kludt
6 Abigail Drive
Hudson, MA 01749

Date dues received: _____
Check No: _____