



2017 SICB MEMBERSHIP APPLICATION/DUES RENEWAL

Name: (First) _____ (Last) _____ **New Member** or Member ID: _____

Institution: _____ Dept: _____

Address (for confirmation): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Business Phone: _____ FAX: _____

Email: _____ Home Phone: _____

URL for your Web Page: _____

Membership Options - Annual Dues (April 1, 2017 - March 31, 2018)

Please check the appropriate category below.

SICB is committed to conservation, and provides the journal electronically unless you opt here for hard copies

Full Member \$105 Full Member Family \$145

Life Full Member \$3,000

Life Full Member Family \$4,000

20 year Full Member \$1,500

20 year Full Member Family \$2,000

Emeritus \$65

Student-in-Training

High School \$41 Undergraduate \$41

Graduate Student

Graduate Student Member \$41

Graduate Student Family \$64

Postdoctoral

Postdoctoral Family \$65

DIVISIONAL AFFILIATION

From the eleven listed below, you may choose your divisional affiliations. Please indicate your divisional affiliation(s) with a checkmark:

DAB Animal Behavior

DCB Comparative Biomechanics

DCE Comparative Endocrinology (**\$10 dues**)

DCPB Comparative Physiology & Biochemistry (**\$5 dues**)

DEEB Evolutionary Developmental Biology

DEDE Ecoimmunology and Disease Ecology

DEE Ecology & Evolution

DIZ Invertebrate Zoology

DNNSB Neurobiology, Neuroethology, Sensory Biology

DPCB Phylogenetics & Comp Biology (formerly DSEB)

DVM Vertebrate Morph (**\$5 dues Student/Postdoc**)

DVM Vertebrate Morphology (**\$10 dues**)

CONTRIBUTIONS

Please consider contributing to any of the following:

George A. Bartholomew Fund \$ _____

Howard A. Bern Lecture Fund \$ _____

Dwight Davis Fund \$ _____

Carl Gans Award Fund \$ _____

Libbie H. Hyman Memorial Scholarship Fund \$ _____

Charlotte Mangum Student Support Fund \$ _____

John A. Moore Lectureship Fund \$ _____

C. Ladd Prosser Symposium Fund \$ _____

Dorothy Skinner Memorial Award Fund \$ _____

Grants-in-Aid of Research/FGST \$ _____

Symposium Support Fund \$ _____

DEMOGRAPHICS (Optional)

SICB has adopted the NSF categories to collect demographic information.

Gender: Male Female

Ethnicity (choose one): Hispanic or Latino,

Not Hispanic or Latino, American Indian or Alaska Native,

Asian, Black or African American,

Native Hawaiian or Other Pacific Islander, White

Disability Status: Hearing Impairment, Visual Impairment,

Mobility/Orthopedic Impairment, Other, None

Citizenship: US Citizen, US Permanent Resident,

Other-Non US Resident

TOTAL Payment \$ _____

PAYMENT OPTIONS

Mail Check Payment to: SICB, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101 or Fax to: 703-790-2672

VISA MasterCard American Express

Card Number: _____ Exp. Date: _____ CV2: _____

Credit Card Billing Address: _____

Cardholder Email: _____ Cardholder Phone: _____

Cardholder Name: _____ Signature: _____

Refunds are not issued for purchase of Society for Integrative and Comparative Biology membership; membership is canceled when the membership term expires or if an individual requests that the membership be terminated.