

# Society for Thermal Medicine New Investigator Membership Application

## Personal Information (Please type or print)

Dr.  Prof.  Mr.  Mrs.  Miss  Ms.  Other

First Name \_\_\_\_\_

M.I. \_\_\_\_\_ Last \_\_\_\_\_

Citizen of \_\_\_\_\_

Current School \_\_\_\_\_

Please provide a Primary addresses to ensure delivery.

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Alternate E-Mail \_\_\_\_\_

## Education

New Investigator membership is available to Students enrolled in and pursuing a pre- or post-doctorate degree in the area of hyperthermia research or other areas of the natural sciences. Student membership is generally limited to six years.

Highest degree you now hold \_\_\_\_\_

Degree for which you are now a candidate \_\_\_\_\_

Number of hours you are currently enrolled \_\_\_\_\_

Year in which you expect to receive your degree\* \_\_\_\_\_

Institution from which you expect to receive your degree \_\_\_\_\_

\*After graduation you are eligible for reclassification to full membership.

## Discipline(s):

Biology/Chemistry  Clinical/Medical  Engineering/Physics

## New Investigator Membership Annual Dues **\$75**

Includes online access to the International Journal of Hyperthermia and discounted registration fees for the STM Annual Meeting. New Investigators may serve on committees but cannot vote in society elections or serve on the Governing Council. New Investigators are eligible to submit abstracts for presentation and to compete for New Investigator Travel Awards. Memberships are sold on a calendar-year basis from January through December.

Total Membership Dues \$ \_\_\_\_\_

## Student Section Endorsement **(required)**

This area is to be completed by the Faculty Advisor or Department Chair at the University. The student may also obtain the endorsement of a faculty member who is a current member of STM.

*I certify that the applicant is a student, regularly enrolled in and pursuing a degree in hyperthermic research or other areas of the natural sciences.*

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

Print Name \_\_\_\_\_

Office Phone \_\_\_\_\_

University \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## To the STM Membership Committee

I hereby apply for admission to the Society for Thermal Medicine. I certify that the information I provided here is correct and that I meet the requirements for New Investigator (student) membership. I also agree that if accepted, I will be governed by the Society's bylaws as long as I remain a member.

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

Remit Payment with application to:

STM Office • PO Box 7065 • Lawrence, KS 66044-7065 USA

[www.thermalthrapy.org](http://www.thermalthrapy.org) [stm@allenpress.com](mailto:stm@allenpress.com)

Fax credit card data & applications directly to (785) 843-6153

Checks Accepted in US Dollars - Drawn on US Banks

Visa  MasterCard  Discover exp. date \_\_\_\_\_

Card # \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_