

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 \$50

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 _____

New Investigator Travel Award (Optional)

Submission Deadline: Midnight – December 18, 2015

Title of the Abstract Submission for New Investigator Travel Award

Consideration:

Co-author(s): _____

Remit Payment with application to:

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

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 _____