



Southern Biosafety Association Membership Application

Primary Member Information: (Please type or print clearly)

Name: _____ Current Position/Title: _____
(Last, First, Middle Initial)

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____

Membership: (Please check one category and indicate status)

Individual (\$25.00): **New** **Renewal**

Student (\$10.00): **New** **Renewal**

Indicate Degree Program and Institution: _____

Corporate (\$100.00): **New** **Renewal**

Additional corporate members:

Name: _____ **Current Position/Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

E-mail: _____

Name: _____ **Current Position/Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

E-mail: _____

Name: _____ **Current Position/Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

E-mail: _____

Payment Instructions:

Check

- Make check payable to Southern Biosafety Association
- Mail Application & Check to: Scott Patlovich, Treasurer
Environmental Health and Safety
1851 Crosspoint, OBC 1.330
Houston, TX 77054

Bill me later

Pay during meeting registration