

Name: _____ **Area of Work (circle one):** Academics, Biostatistics, Genetics, Government, Industry, Public Health, Research

Email: _____

Address: _____

Home Phone: _____ **Field of Work (circle one):** Agriculture, Biology, Biostatistics, Economics, Environment, Epidemiology, Statistics, Medicine, Public Health

Work Phone: _____

MEMBERSHIP CATEGORY (check one of the boxes below)

****No WNAR or IBS voting rights**

Regular Membership: \$85.00 Includes WNAR and IBS voting rights and electronic access to Biometrics, JABES and The Biometric Bulletin.

Senior Retiree Regular Membership: \$42.50
Must have been a member for at least 10 years and no longer gainfully employed. Same benefits as Regular Membership.

Supporting Membership: \$25.00 **
Limited to Regular Members of the IBS whose primary membership is in another Region or National Group of the IBS.
Does not include subscriptions to Biometrics or the Biometric Bulletin.

Region or National Group in which you are a Regular Member: _____

Family Member: (Free) **
Regular Member's Name: _____

Student Membership: (Free) ** Includes electronic access to Biometrics, JABES and The Biometric Bulletin.
Must be a full-time student. Your major professor must confirm your full-time student status by signing below:

Major Professor Name and Institution: _____

Major Professor Signature: _____

Membership Fee: \$ _____

Print version of Biometrics: \$10.00 \$ _____

Print version of JABES: \$10.00 \$ _____

CONTRIBUTIONS (The suggested amount for each is \$10.00)

To support International Biometric Society's educational programs in developing nations \$ _____

To support IBS Awards Fund Committee activities for developing nations (speakers; travel to IBC) \$ _____

To support regional Biometric Society (WNAR) Student Paper Competition \$ _____

Late fee if postmarked after December 31, 2011: \$10.00 (Not applicable for Students) \$ _____

TOTAL PAYMENT: (Includes membership fee; print versions of Biometrics/JABES; contributions; late fee) **\$ _____**

PAYMENT METHOD:

Check/Money Order (In US funds payable to WNAR)

Credit Card (Visa or MasterCard only) Credit Card No.: _____ / _____ / _____ / _____

Credit Card authorization code: _____ Credit card expiration date (mm/yy): _____

Name on Credit Card: _____ Signature: _____

Please return this renewal notice and payment to:

WNAR Membership Services
Cancer Research And Biostatistics
1730 Minor Avenue, Suite 1900
Seattle, WA 98101-1468