

International Dose-Response Society

w w w . D o s e - R e s p o n s e . o r g

Please choose one membership category (Payment in US Funds):

- Individual Membership—1 year \$125—1 year
- Individual Membership—2 years \$225—2 years
- Retiree Membership—1 year \$75—1 year
- Retiree Membership—2 years \$125—2 years
- Post-Graduate Membership—1 year \$75—1 year (up to three years post-graduation)
- Post-Graduate Membership—2 years \$125—2 years (up to three years post-graduation)
- Student Membership—1 year \$10—1 year
- Student Membership—2 years \$15—2 years
- Sustaining Member \$1000/year
- Corporate Membership \$5000/year
- Additional Donation \$ _____

Renewal Membership

New Membership

Please type or print clearly in ink only

Last Name: _____ Middle Initial(s): _____

First Name: _____ Date of Birth: _____

Title: _____

Address: _____

Organization

Department

Street/P.O. Box

City

State

Postal Code

Country

Telephone: _____ / _____ / _____
country code area code number

Fax: _____ / _____ / _____
country code area code number

E-mail Address: _____

Completed application form along with a check or money order in US dollars should be mailed to:

Dose-Response/BELLE Offices

Environmental Health Sciences Program, School of Public Health

Morrill I, Room N344, University of Massachusetts

Amherst, MA 01003

Telephone: 413-545-3164

E-mail: Sorensen@ehs.umass.edu

Signature of Applicant

Date