Society for Leukocyte Biology
SLB
www.leukocytebiology.org

2008 MEMBERSHIP APPLICATION

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Application / Payment / Inquiries to:

Society for Leukocyte Biology • 9650 Rockville Pike • Bethesda, MD 20814-3998 USA
CALL: (301) 634-7810 • FAX: (301) 634-7813 • EMAIL: slb@faseb.org

Last Name First Name MI Degree(s)

Institution Department

Present Position Street Address

City State / Province ZIP / Postal Code Country

Telephone FAX Email

EDUCATION & ACADEMIC DEGREES (include Year & Institution)

☑ PROFESSIONAL EXPERIENCE – please **attach** your **CV** and/or list of **published papers**

Applicant's Signature Date

- **FULL Membership** applicants should have a doctorate degree and **attach** evidence of scientific achievement (**CV; list of published papers**).
- **STUDENT/POSTDOC Membership** applications are welcome from anyone whose qualifications/interests are demonstrated by experience.

☑ Name of Dept Chair/Advisor required for **Student/Postdoc status confirmation**:

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