

THE INTERNATIONAL SOCIETY OF BIORHEOLOGY

MEMBERSHIP APPLICATION FORM

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PLEASE TYPE OR PRINT CLEARLY

Name and Title (Dr., Prof., etc.) \_\_\_\_\_

Professional Affiliation (Institution or Organization) \_\_\_\_\_

Position in above Institution or Organization \_\_\_\_\_

Address (home or business) to which communications should be sent, and for listing in Society Directory)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL Number \_\_\_\_\_  
(Area Code)

FAX Number \_\_\_\_\_  
(Area Code)

E-mail address \_\_\_\_\_

Education:

<i>Colleges</i>	<i>Dates</i>	<i>Fields of Study</i>	<i>Degrees</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Background:

<i>Institutions</i>	<i>Dates</i>	<i>Position</i>	<i>Title</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Principal Professional Activity in Biorheology* (teaching, research, development, administrative, other):

\_\_\_\_\_

*Principal Specialities in Biorheology:* (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

*Principal field* (if other than Biorheology): \_\_\_\_\_

*Principal Publications:* ATTACHED

(Give five complete references (authors, title, journal, volume, pages, year) on a separate sheet.)

Membership in the International Society of Biorheology shall be open to scientists who share the stated purpose of the Society and who have educational, research, or practical experience in biorheology or in an allied scientific fields.

The purpose of the International Society of Biorheology is to encourage development and dissemination of knowledge in biorheology.

I share the purpose of the International Society of Biorheology and hereby apply for membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_ (Please type or print) \_\_\_\_\_ (Signature)

Send to: Professor Michael B. Lawrence  
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International Society of Biorheology  
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University of Virginia  
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Charlottesville, VA 22908  
U.S.A.