

The International Society for Stem Cell Research (ISSCR), an independent, nonprofit organization, has been established to promote and foster the exchange and dissemination of information and ideas relating to stem cells, to encourage the general field of research involving stem cells and to promote professional and public education in all areas of stem cell research and applications.

ISSCR membership is open to those who have manifested a continuous interest in any discipline important to stem cell research as evidenced by work in the field, original contributions and attendance at meetings concerning stem cell research. By completing the ISSCR application for membership, you are confirming that you are willing to abide by the professional standards espoused in the Guidelines documents for the conduct of human embryonic stem cell research and clinical translation.

Disclaimer: The use of the ISSCR name and/or logo for commercial purposes is expressly prohibited without the advance written permission of the ISSCR.

ACTIVE MEMBERSHIP

Application is open to any person with a doctoral degree or its equivalent who has manifested a continuous interest in any discipline important to stem cell research as evidenced by work in the field, original contributions, and attendance at meetings concerning stem cell research. Individuals who lack a doctorate but have exceptional qualifications are also eligible.

ASSOCIATE MEMBERSHIP

Application is open to postdoctoral fellows or graduate students in stem cell research programs.

AFFILIATE MEMBERSHIP

Application is open to individual representatives of industry and others with an interest in stem cell research who do not qualify for Active or Associate membership.

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
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ACADEMIC DEGREES (INCLUDE INSTITUTIONS AND YEARS)

AFFILIATION (INSTITUTION/COMPANY)	DEPARTMENT
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ADDRESS 1

ADDRESS 2

CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
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TEL	FAX	E-MAIL
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WEB SITE

HOME ADDRESS (OPTIONAL)

- I PREFER TO RECEIVE SOCIETY MAIL AT MY HOME ADDRESS
- I WISH TO BE EXCLUDED FROM PUBLISHED PRINT AND ELECTRONIC DIRECTORIES

1. Are you affiliated with any commercial entity involved in stem cell medicine or regenerative medicine? If so, list the publications that describe the scientific and clinical accomplishments of your group.

2. Is it approved by the FDA or their equivalent for commercial therapies?

3. List the institutional review board that has approved this therapy.

ENDORSEMENT FOR ACTIVE AND AFFILIATE MEMBERSHIP

This section must be completed if you are applying for Affiliate or Active Membership. A current ISSCR Member needs to endorse your requested membership.

I ENDORSE (APPLICANT) _____ FOR ISSCR MEMBERSHIP.

SIGNATURE OF ENDORSEMENT _____ PRINT NAME _____

I DO NOT KNOW ANY ISSCR MEMBERS. I AM INCLUDING MY CURRENT CV FOR REVIEW.

CERTIFICATE FOR ASSOCIATE MEMBERSHIP

This section must be completed if you are applying for Associate Membership. Associate membership status is limited to four years.

Graduate Training Program

INSTITUTION _____ YEAR STARTED _____

NAME OF TRAINING DIRECTOR _____

Post Doctoral Training

INSTITUTION _____ DATE _____

LOCATION _____ TITLE _____

I CERTIFY THAT (APPLICANT) _____ IS A GRADUATE STUDENT OR POSTDOCTORAL FELLOW IN MY PROGRAM

SINCE _____ THE APPLICANT IS EXPECTED TO COMPLETE HIS/HER TRAINING PROGRAM BY _____.

NAME OF TRAINING DIRECTOR (PLEASE PRINT) _____

SIGNATURE OF TRAINING DIRECTOR _____ DATE _____

TELEPHONE (_____) _____ E-MAIL _____

PAYMENT

You have the option of paying for one year or for three years.

NOTE: Applicants whose sole lab is in one of the following countries have their dues reduced by half. Argentina, Brazil, Colombia, Croatia, Egypt, Estonia, Hungary, India, Iran, Latvia, Mexico, Pakistan, Peoples Republic of China, Poland, Russia, Thailand, Ukraine, Uruguay.

Active Membership Endorsement section of this form must be completed (1 YR) \$150 OR (3 YRS) \$425

Associate Membership Shaded section of this form must be completed. (1 YR) \$70 OR (3 YRS) \$200

Affiliate Membership Endorsement section of this form must be completed (1 YR) \$150 OR (3 YRS) \$425

Voluntary Donation Please consider a gift in support of ISSCR. \$ _____

TOTAL \$ _____

Check Enclosed -- **Payable to International Society for Stem Cell Research**

MasterCard VISA American Express

Cardholder's Name _____

Credit Card Number _____ Exp Date (MM/YY) _____

APPLICANT SIGNATURE _____ DATE _____

Contributions and gifts to ISSCR may be deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense. Consult your tax advisor for further information.

ALL APPLICATIONS MUST INCLUDE CHECK OR CREDIT CARD PAYMENT.

If your application for membership is declined, your dues payment, less a \$25 processing fee, will be refunded.

ACTIVE AND AFFILIATE APPLICATIONS MUST INCLUDE RESUME OR CV IF NOT ENDORSED BY A CURRENT ISSCR MEMBER.

Membership Applications that are not accompanied by payment and resume/CV (if required) will not be processed.

Membership in ISSCR is subject to approval by the ISSCR Membership Committee.



YOUR INTERESTS AND ACTIVITIES RELATED TO STEM CELL RESEARCH

PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER

1 _____ 3 _____
2 _____ 4 _____

PROFESSIONAL ACTIVITIES *Select all that apply*

- Administrator
- Allied Health Professional
- Basic Researcher
- Clinical Practitioner
- Clinical Researcher
- Industry/Corporate Representative
- Retired
- Student
- Teacher/Educator
- Other _____

PROFESSIONAL SETTING *Select all that apply*

- Public or Private Health Provider
- Public or Private Research Institution
- Academic
- Government
- Nonprofit Foundation/Organization
- Industry
- Other _____

AREAS OF INTEREST *Select all that apply*

- Developmental Biology
- Transplantation
- Animal Models
- Cell Therapy
- Disease
- Genetics
- Genomics
- Gene Therapy
- Cloning
- Proteomics
- Other _____

MAIL OR FAX THIS FORM TO

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