

*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.

### 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 \_\_\_\_\_

ACADEMIC DEGREES (INCLUDE INSTITUTIONS AND YEARS) \_\_\_\_\_

AFFILIATION (INSTITUTION/COMPANY) \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

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

### 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 (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

# International Society for Stem Cell Research

Membership Application / Page Two

## 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*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrator         | <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Basic Researcher                  |
| <input type="checkbox"/> Clinical Practitioner | <input type="checkbox"/> Clinical Researcher        | <input type="checkbox"/> Industry/Corporate Representative |
| <input type="checkbox"/> Retired               | <input type="checkbox"/> Student                    | <input type="checkbox"/> Teacher/Educator                  |
| <input type="checkbox"/> Other _____           |   |  |

### PROFESSIONAL SETTING *Select all that apply*

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Public or Private Health Provider | <input type="checkbox"/> Public or Private Research Institution | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Government                        | <input type="checkbox"/> Nonprofit Foundation/Organization      | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Other _____                       |   |                                   |

### AREAS OF INTEREST *Select all that apply*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Transplantation | <input type="checkbox"/> Animal Models |
| <input type="checkbox"/> Cell Therapy          | <input type="checkbox"/> Disease         | <input type="checkbox"/> Genetics      |
| <input type="checkbox"/> Genomics              | <input type="checkbox"/> Gene Therapy    | <input type="checkbox"/> Cloning       |
| <input type="checkbox"/> Proteomics            | <input type="checkbox"/> Other _____     |  |

## 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, Estonia, Hungary, India, Iran, Latvia, Mexico, Peoples Republic of China, Poland, Russia, Thailand, Ukraine, Uruguay.

Active Membership	<i>Endorsement section of this form must be completed</i>	<input type="checkbox"/> (1 YR) \$150	OR	<input type="checkbox"/> (3 YRS) \$425
Associate Membership	<i>Shaded section of this form must be completed.</i>	<input type="checkbox"/> (1 YR) \$70	OR	<input type="checkbox"/> (3 YRS) \$200
Affiliate Membership	<i>Endorsement section of this form must be completed</i>	<input type="checkbox"/> (1 YR) \$150	OR	<input type="checkbox"/> (3 YRS) \$425
Voluntary Donation	<i>Please consider a gift in support of ISSCR.</i>	\$ _____		
<b>TOTAL</b>		<b>\$ _____</b>		

- 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.*

## MAIL OR FAX THIS FORM TO

### International Society for Stem Cell Research

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