



INSTITUTIONAL MEMBERSHIP APPLICATION

SFRBM Institutional Membership is for institutions, academic departments or companies involved in the research and medical applications of free radical chemistry, redox biology and antioxidants.

Institutional Members may sponsor a minimum of one faculty member and an unlimited number of graduate students, postdoctoral fellows, residents or clinical fellows at their institution outlined by the following yearly fee structure below. Each membership year is January 1 to December 31.

Please select which category you are applying for:

- Institutional Membership with 1 Faculty Member and unlimited trainees.....\$1,000/year
- Institutional Membership with 5 Faculty Members and unlimited trainees.....\$1,500/year
- Institutional Membership with 10 Faculty Members and unlimited trainees....\$2,000/year

INSTITUTIONAL MEMBERSHIP INFORMATION

Institutional Name: _____

Administrative Contact Person: _____

(if not the faculty member listed)

Address: _____

Department: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone: _____ **Fax:** _____

Lab web address: _____

PAYMENT INFORMATION

SFRBM accepts Visa or Mastercard. You may also submit a check (US funds) made payable to SFRBM.

Credit Card # _____ **(Visa/MC)** **Exp. Date** _____

Printed Name: _____ **Signature:** _____

Daytime Phone: _____

Send the membership application with a check drawn on any U.S. bank or money order in U.S. dollars (payable to SFRBM) to: Society for Free Radical Biology and Medicine
8365 Keystone Crossing, Suite 107, Indianapolis, IN 46240
Fax (317) 205-9481 • Email: info@sfrbm.org

To complete this application, please use attached. You must submit at least one faculty member name. You may copy this form if you need to list additional faculty or students.



FACULTY MEMBER NAME(S)

*Faculty members may select the option of receiving the *Free Radical Biology and Medicine (FRBM) Journal* online only or a print copy and online.

1) Name with Degree(s): _____

Lab Address: _____

Phone: _____ Email: _____

*FRBM Journal: FRBM Journal Online Only FRBM Journal Print & Online

2) Name with Degree(s): _____

Lab Address: _____

Phone: _____ Email: _____

*FRBM Journal: FRBM Journal Online Only FRBM Journal Print & Online

3) Name with Degree(s): _____

Lab Address: _____

Phone: _____ Email: _____

*FRBM Journal: FRBM Journal Online Only FRBM Journal Print & Online

4) Name with Degree(s): _____

Lab Address: _____

Phone: _____ Email: _____

*FRBM Journal: FRBM Journal Online Only FRBM Journal Print & Online

5) Name with Degree(s): _____

Lab Address: _____

Phone: _____ Email: _____

*FRBM Journal: FRBM Journal Online Only FRBM Journal Print & Online



INSTITUTIONAL MEMBERSHIP APPLICATION

page 3 of 3

NAMES OF GRADUATE STUDENTS, POSTDOCTORAL FELLOWS, RESIDENTS AND CLINICAL FELLOWS:

*Students, postdocs, residents and fellows receive an online version only of the *Free Radical Biology and Medicine (FRBM)* Journal.

Full Name with degree	Email	Student/Postdoc/ Resident or Clinical Fellow
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		