

Membership Application for the AMERICAN SOCIETY FOR VIROLOGY

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The aim of the **AMERICAN SOCIETY FOR VIROLOGY** is to promote the exchange of information and stimulate discussion and collaboration among scientists active in all aspects of virology. For its members, the ASV organizes and sponsors annual meetings, solicits travel grants for national and international meetings, provides representation on national and international councils, and obtains reduced subscription rates for virology journals.

Eligibility: Researchers who are interested in or are actively engaged in the study of viruses are encouraged to apply. Applications are accepted from all countries.

Full or Lifetime/Full Membership Persons with at least 3 years of postdoctoral experience who are actively engaged in virus studies and provide evidence of contributions to the field of virology.

Associate Membership Persons interested in or newly engaged in virology. Postdoctoral fellows, graduate students and undergraduate students are encouraged to apply.

Application Process: Application for Full, Lifetime/Full, or Associate membership can be made on this form or **online on the ASV website at www.asv.org**. Applications may be submitted at any time. Memberships are initiated and renewed in January. Membership nominations received after September 1st will be effective the following January. To apply, submit application form, the required documents and membership dues (see below).

Deadline: All new members must be approved by May 1st to be eligible for the member registration fee at the Society's annual meeting of the same year. (Allow 30 days for processing.)

NAME: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
As will appear in ASV directory and on mailing label		
DEGREE(s) HELD / POSITION: _____		
ADDRESS (for correspondence and directory): _____ _____ _____		
TELEPHONE: () _____ FAX: () _____		
APPLICANT E-MAIL: _____		
NOMINATED BY: _____		
Print name of ASV Member (must be a current Full Member)		
The following three documents are required:	Type of Membership (Check One):	
1) curriculum vitae	<input type="checkbox"/> FULL	
2) nominating letter from a current full member of the Society	<input type="checkbox"/> LIFETIME	
3) membership dues	<input type="checkbox"/> ASSOCIATE	
	<input type="checkbox"/> ASSOCIATE-STUDENT	

Annual membership dues: Full - \$100; Associate - \$30; Associate-Student - \$15; Lifetime/Full - \$1,000

By Mail: Dues payment (in U.S. dollars) must accompany this application. Checks and money orders (drawn on a U.S. bank) should be made payable to the **American Society for Virology**.

Online: Dues payment instructions will be provided upon approval of your application.

CREDIT CARD (circle one)	Visa	Mastercard	American Express
Name on Card: _____	Acct #: _____	Exp: _____	
Signature: _____	Amount: \$ _____	For Office Use Only Auth. Code	

MAIL TO: Anette Schneemann
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