

Society for Cryobiology Editorial Office   
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**Membership Application  
Membership period: Jan. 1 – Dec. 31 2015**

Membership is open to individuals and organizations who *support the policies and share the stated purposes of the Society,* which are to promote scientific research in low temperature biology, to improve scientific understanding in this field and to disseminate and apply this knowledge to the benefit of mankind. The highest ethical and scientific standards are required of members in the performance of their professional duties.

All memberships are effective January 1 – December 31 and must be renewed no later than March 1 each year in order to maintain good standing.

Formal acceptance of membership applications will be made upon recommendation from the Membership Committee and approval of the Board of Governors.

When complete please email this form to [cryobiology@beds.ac.uk](mailto:cryobiology@beds.ac.uk) and make payment using your preferred method.

**PLEASE PROVIDE ALL REQUESTED INFORMATION**

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| **Name and Contact Information** | | | |
| **Title**  MrMrsMissDrProf | | **First Name** | **Last Name** |
| **Organization** | | **Department** | |
| **Street Address or PO Box** | | | **City** |
| **State/Province** | **Postal Code** | **Country** |  |
| **Email Address** | **Website** | **Telephone Number**  *Please include country and area codes eg +44 1582 743201* | |
| **Present Position/Job Title** | | | |

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| **Education** | | |
| **Year** | **Degree** | **Institution** |
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| **Year** | **Degree** | **Institution** |

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| **Research Interests** |
| **Please list your research interests in the field of Cryobiology [required]**  Please type for as long as required  If applicable please attach a list of representative publications in the field of cryobiology or related areas. |

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| **Reviewing for *Cryobiology*** |
| Yes, I would like to be added to a list of potential reviewers to peer review manuscripts which have been submitted to *Cryobiology.* **Please note to be eligible you *must* include a list of relevant publications with your application.** |
| No, I am not interested in acting as a reviewer for *Cryobiology.* |

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| **Method of Payment** |
| **Paypal.** Please make payment at <http://www.societyforcryobiology.org/new-membership-applications>  **Please note that Paypal is our preferred method of payment.** |
| **Check.** Checks should be made payable to Society for Cryobiology Editorial Office. Cheques will be accepted in USD$ only. |
| **Bank transfer BIC:**  MIDLGB22  **IBAN:** GB86MIDL 40051557460652 *Please note: All remitting bank charges and any intermediary bank charges must be borne by the remitter. Receipt of an incomplete amount will result in a delay to the processing of your membership.* |
| **Receipt Required** –Please tick if you are paying by check/bank transfer and require a receipt. Please note payments by Paypal generate an automatic receipt. |

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| **Membership Category** | **Annual Dues** |
| **Membership Base Fee (includes online access to Cryobiology)**  Individual and Sustaining Member  Retired Member and Student\* Member  **Optional**  Add Print Subscription  Add Sustaining Member Donation^  **TOTAL** | $60  $0  $94  $40 |
| \*For student membership please arrange for the declaration below to be completed by your Head of Department. | |
| ^No goods or services are provided in return for your donation. | |
| **Guide to membership categories** For guidance on membership categories please see: <http://www.societyforcryobiology.org/categories-and-benefits> | |

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| **Student Declaration (to be completed by Head of Department)** | |
| I, Full Name and Job Title, confirm that Student Name is a full-time student at Department and Institution studying toward the degree of degree title. His/Her expected completion date is date. | |
| **Print Name:** | **Signature:** |
| **Institutional Stamp:** | |

**Signature of Applicant and Sponsor**Membership applications must be signed by the applicant and a sponsoring Society Member. Applicants who need help finding a sponsor should contact [cryobiology@beds.ac.uk](mailto:cryobiology@beds.ac.uk) for assistance.

Signature of Applicant Date

Name of Sponsor (please print) Signature of Sponsor