

美洲華人生物科學學會



Society of Chinese Bioscientists in America

SCBA Headquarter: Boston Children's Hospital, CLS 12064, 3 Blackfan Circle, Boston, MA 02115, USA

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Send form to **Dr. Xi He** (e-mail: xi.he@scbasociety.org) at the above address

Website: <http://www.SCBAociety.org/>

Membership Application (please complete 1 and 4; 2 and 3 are optional)

(1) Membership (SCBA):

Life Regular (LR) - \$350/Life Life International (LI) - \$250/Life

Regular (R)- \$35/Year; International (I)- \$25/Year; Trainee (T)-\$15/year

(2) **Specialty Division Membership: Bio/Pharm [] ; Neuroscience [] ; Cancer [] (must be a SCBA member):**

Regular \$15/Year, \$150/Life Trainee (T)- \$5/Year for each Division Membership

(3) Contributions: \$ _____ (nonprofit organization, tax deductible):

To be applied to SCBA General Fund, Division Fund (please specify), and/or

Special Project:

(4) Total Membership fee & Contributions: \$ _____ (Make check payable to SCBA or pay online via PayPal

<http://www.scbasociety.org/Membership/Membership.html>) to the SCBA Executive Director, Dr. Xi He (xi.he@scbasociety.org),

Date of payment _____

Applicant Information

Name (English): _____ (Chinese): _____

Nominee: Sex: M, F. Position Title: _____

(Optional Information for Home)

Office Address: _____ Home Address: _____

Telephone (O): _____ Tel (H): _____

Fax (O): _____ Fax (H): _____

E-mail (O): _____ E-mail (H): _____

Professional/Personal Home Page (Optional): [http:// www.](http://www.) _____

Preferred address for contact: Office or Home

Education and Training (degrees, year conferred, fields of study, institution and address):

1.

2.

Professional Experience (present position first, include position, dates, institution):

1.

2.

Membership in Scientific Societies (list not more than 2):

1.

2.

Signature of **Nominee**: _____ Date _____

Nominated by (must be a SCBA member): Chris Lau Date 2/8/2016