



INTERNATIONAL CYTOKINE & INTERFERON SOCIETY

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2018 MEMBERSHIP APPLICATION: [] New [] Renewal

Name [] First [] Middle [] Last [] Degree
Department
Organization
Address
City State/Province Zip Country
Note: Street address and zip+4 now required by Postal Service for delivery (US Only)
Telephone
E-Mail address:

PLEASE RETURN THIS APPLICATION WITH YOUR REMITTANCE
U.S. Currency ONLY (checks to be drawn on a U.S. Bank)
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For Credit Card payments, see below.
ICIS Federal Tax ID # 59-2471233

Dues payments entitle a member to receive the annual Directory of Members, Newsletters, annual meeting program, and all meeting announcements.

MEMBERSHIP DUES table with columns: ONE-YEAR, TWO YEAR, THREE YEAR and rows: Regular Member, Emeritus Member, Student and/or Postdoctoral Fellow Member, Life Member

Optional Donation to ICIS Member Travel Grant Fund to be used to provide additional travel awards to deserving students presenting outstanding research at the Annual Meeting that were

Donation options: [] \$20 [] \$50 [] \$100 [] \$200 [] Other

JOURNAL OF INTERFERON AND CYTOKINE RESEARCH

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CYTOKINE JOURNAL

[] 2017 Member Rates \$179.00
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TOTAL PAYMENT \$ _____

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Card Number Name on Card
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The ICIS is incorporated as a 501(c)(3) non-profit organization. Dues and subscriptions paid to ICIS are not considered charitable contributions for federal tax purposes. However, they may be deducted as ordinary and necessary business expenses. Members should consult their tax advisors for further guidance. Note that a charitable gift made at any time (a gift separate from and in addition to your membership dues) IS tax deductible.

STUDENT/FELLOW MEMBERSHIP (PLEASE TYPE OR PRINT LEGIBLY)

I certify that _____ is a candidate for an advanced degree or a post-doctoral fellow in a field related to Interferon and Cytokine Research
Institution Department

Email of Advisor Signature of applicant's major research advisor