



INTERNATIONAL CYTOKINE & INTERFERON SOCIETY

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2018 MEMBERSHIP APPLICATION: [] New [] Renewal

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

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

Dues payments entitle a member to access the online Directory of Members, Newsletters, receive a discount on annual meeting registration, eligibility to apply for Milstein Travel Awards and other ICIS Awards, vote and serve on ICIS Committees and Council.

- MEMBERSHIP DUES
ONE-YEAR TWO YEAR THREE YEAR
Regular Member [] \$60.00 [] \$110.00 [] \$160.00
Emeritus Member [] \$20.00 [] \$ 35.00 [] \$45.00
Student and/or Postdoctoral Fellow Member (2018-2020) must join for a 3 year term [] \$ 40.00
(Life Member (Must be over 55) [] \$500.00

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

[] \$20 [] \$50 [] \$100 [] \$200 [] Other

TOTAL PAYMENT \$ _____

CREDIT CARD INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

American Express [] VISA [] Master Card []
Card Number _____ Name on Card _____
Expiration Date _____ 3 or 4 Digit CVV# _____ Authorized Signature _____

If an ICIS member encouraged you to join, please list their name here: _____

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 _____