



THE INSTITUTE OF BIOLOGICAL ENGINEERING

446 E. High Street, Suite 10 ■ Lexington, KY 40507, U.S.A.
 Telephone (859) 977-7450 ■ Facsimile (859) 271-0607
 www.ibe.org ■ email: admin@ibe.org

NEW Member Application

Membership is based on the calendar year January 1–December 31

Contact Information (please print or type)

First Name _____ Middle Initial _____
 Last Name _____
 Title _____ Affiliation _____
 Address _____
 City _____
 State/Province _____ ZIP/Postal Code _____
 Country _____ Email _____
 Telephone _____ Facsimile _____

Type of Membership (check one)

1 Year Member	<input type="checkbox"/> \$110.00	Referred by _____
3 Year Member	<input type="checkbox"/> \$300.00	How did you hear about IBE?
5 Year Member	<input type="checkbox"/> \$500.00	<input type="checkbox"/> Friend or Colleague
Student	<input type="checkbox"/> \$25.00	<input type="checkbox"/> Web Posting
Associate Member**	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Industry Publication
Donation	\$ _____	<input type="checkbox"/> Other (please indicate)
Amount Paid	\$ _____	

***Student Status Verification**

I attest the above named individual is a full-time, degree-seeking student.
 X _____
Signature of advisor or department chair

Expected graduation date _____
 Advisor name _____
 Advisor telephone _____
 Advisor email _____

Privacy Settings

- DO NOT include my information in rented mailing lists or email lists
- DO NOT include my information in membership directories

Payment Method Total payment must accompany completed application

Check enclosed made payable to **The Institute of Biological Engineering**
 (must be U.S. dollars drawn on a U.S. bank) Check # _____
 American Express VISA MasterCard

Name (as it appears on card) _____
 Credit Card # _____ Expiration Date _____
 Security Digits _____
 Billing Address _____

 Cardholder's Signature _____

For your convenience, IBE has an Automatic Membership Renewal System. Please sign below if you would like your membership to be automatically renewed in the same amount, using this credit card. You will receive a notification via email prior to processing.

Select your area(s) of expertise and interest. (Check all that apply)

Applications

- | | |
|---|--|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Computational Biology |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Cosmetic |
| <input type="checkbox"/> Animal Models | <input type="checkbox"/> Ecological |
| <input type="checkbox"/> Biocatalysis | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Biochemical | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Bioenergy | <input type="checkbox"/> Enzymatic Conversions |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Food |
| <input type="checkbox"/> Biological Systems | <input type="checkbox"/> Forest |
| <input type="checkbox"/> Biomaterials | <input type="checkbox"/> High Throughput Screening |
| <input type="checkbox"/> Biomechanics | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Biomedical | <input type="checkbox"/> Microbial Systems |
| <input type="checkbox"/> Bioprocessing | <input type="checkbox"/> Molecular |
| <input type="checkbox"/> Bioremediation | <input type="checkbox"/> Nanobiotechnology |
| <input type="checkbox"/> Biosafety | <input type="checkbox"/> Neutraceuticals |
| <input type="checkbox"/> Biosensors | <input type="checkbox"/> Odor/Air Quality |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Plant Systems |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Cell Culture | <input type="checkbox"/> Tissue Engineering |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Value Added Processing |
| <input type="checkbox"/> Constructed Wetlands | |
| <input type="checkbox"/> Controls | |

Foundations

- | | |
|--|---|
| <input type="checkbox"/> Analysis | <input type="checkbox"/> Metabolomics |
| <input type="checkbox"/> Bioindustry | <input type="checkbox"/> Modeling |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Pharmaceutical Processes |
| <input type="checkbox"/> Design | <input type="checkbox"/> Protein Engineering |
| <input type="checkbox"/> Education | <input type="checkbox"/> Research |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Sensors |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Synthetic Biology |
| <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Systems Biology |
| <input type="checkbox"/> Materials | <input type="checkbox"/> Thermodynamics |
| <input type="checkbox"/> Metabolic Engineering | <input type="checkbox"/> Transport |

**** Affiliated Societies** (check all that apply)
 Associate membership is available to all members of Affiliate Societies who have not previously been a member of IBE. Associate members are required to provide affiliate society information for verification. In the event that your affiliate membership is not valid, the full membership rate will be charged.

- American Institute of Chemical Engineers (AIChE) Member # _____
- American Society for Agricultural and Biological Engineers (ASABE) Member # _____
- America Society of Mechanical Engineers (ASME) Member # _____
- Biomedical Engineering Society (BMES) Member # _____
- Engineering in Medicine and Biology (EMB) Member # _____
- Society for Biological Engineering (SBE) Member # _____
- Society for Biomaterials (SFB) Member # _____

Return form to:

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