



BRITISH SOCIETY FOR MATRIX BIOLOGY
MEMBERSHIP APPLICATION FORM



The completed form and appropriate membership fee should be sent to: Mrs Jane Lohmann, BSMB Administrator, University of Bristol, Department of Cellular & Molecular Medicine, University Walk, Bristol BS8 1TD

NAME & TITLE ADDRESS GENDER:

Large empty text box for address details.

EMAIL: TEL: FAX:

TWO SPONSORING MEMBERS: Should you not know any member of the Society personally, please write to the Secretary.

1. Name 2. Name

1. Signature 2. Signature

SIGNATURE OF APPLICANT DATE

FEES: Full membership £30 per annum Student membership £10 per annum (Please indicate with a tick)

STUDENT MEMBERSHIP (To be signed by the student's supervisor)

I certify that is a non-salaried research student.

NAME SIGNATURE

The application should be accompanied by a cheque payable to the BRITISH SOCIETY FOR MATRIX BIOLOGY Please complete the banker's order below for future subscriptions.

DO NOT DETACH

BANKER'S ORDER

To: (name and full address of your bank including postcode)

Large empty text box for bank order details.

Please pay on or soon after the 1st January to: National Westminster Bank. Sort Code 60-00-01 the

sum of £ (POUNDS, in words) to the BRITISH SOCIETY FOR MATRIX BIOLOGY,

Account No. 09670343 quoting reference no. (leave blank, BSMB use only) and make similar payments annually on the 1st January until this order is cancelled in writing, charging such payments to:

my account (name or title of account)

account number ; sort code

Signature: Date