



**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  GENDER:   
ADDRESS

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)

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.....