

Society for Thermal Medicine
2019 Scholar-in-Training Membership Application

Personal Information (Please type or print)

Dr. Prof. Mr. Mrs. Miss Ms. Other

First Name _____

M.I. _____ Last _____

Current School _____

Please provide a Primary address to ensure delivery.

City/State/Zip _____

Country _____

Office Phone _____

Fax _____

E-Mail _____

Alternate E-Mail _____

Education

Scholar-in-Training membership is available to students or young professionals within 5 years of graduation who have not yet established an independent foundation for research or clinical practice. Scholar-in-Training memberships are generally limited to six years.

Highest degree you now hold _____

Degree for which you are now a candidate _____

Number of hours you are currently enrolled _____

Year in which you expect to receive your degree* _____

Institution from which you expect to receive your degree _____

*After graduation you are eligible for reclassification to full membership.

Discipline(s):

Biology/Chemistry Clinical/Medical

Engineering/Physics

Scholar-in-Training Membership Annual Dues \$75

Includes discounted registration fees for the STM Annual Meeting. Scholars-in-Training may serve on committees but cannot vote in society elections or serve on the Governing Council. Scholars-in-Training are eligible to submit abstracts for presentation and to compete for Scholar-in-Training Travel Awards. Memberships are sold on a calendar-year basis from January through December.

Total Membership Dues \$ _____

Student Section Endorsement (required)

This area is to be completed by the Faculty Advisor or Department Chair at the University. The student may also obtain the endorsement of a faculty member who is a current member of STM.

I certify that the applicant is a student, regularly enrolled in and pursuing a degree in hyperthermic research or other areas of the natural sciences.

Signature _____

Date _____

Print Name _____

Office Phone _____

University _____

E-Mail Address _____

To the STM Membership Committee

I hereby apply for admission to the Society for Thermal Medicine. I certify that the information I provided here is correct and that I meet the requirements for Scholar-in-Training membership. I also agree that if accepted, I will be governed by the Society's bylaws as long as I remain a member.

Signature _____

Date _____

Remit Payment with application to:

STM Office • PO Box 7065 • Lawrence, KS 66044-7065 USA

www.thermalthrapy.org stm@allenpress.com

Fax credit card data & applications directly to (785) 843-6153

Checks Accepted in US Dollars - Drawn on US Banks

Visa MasterCard Discover

Exp. date _____

Card # _____

Name on card _____

Signature _____
