

**Society for Thermal Medicine  
2022 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](http://www.thermalthrapy.org)      [stm@allenpress.com](mailto: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 \_\_\_\_\_