



Received _____
Amount _____
Pay Type _____

MEMBERSHIP APPLICATION

Please make corrections or additions below as needed.

First Name _____ MI _____ Last Name (Surname) _____ Degree _____

MEMBERSHIP DIRECTORY LISTING:

Title _____ Department _____

Organization _____

Business Address 1 _____ *(please note if this is a home address)*

Business Address 2 _____ Floor/Suite Number _____

City/Town _____ State _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

E-Mail Address _____ *(please print clearly)*

Is this your preferred mailing address? Yes No

Address for Journal mailing and membership correspondence (if different from above)		
Street _____ <i>(please note if this is a home address)</i>		
City/Town _____	State/Country _____	Zip/Postal Code _____

ANNUAL MEMBERSHIP (JANUARY-DECEMBER)

- U.S. and International (U.S. \$145)
 Student (U.S. \$40)
 Emeritus (U.S. \$40) (must be retired from profession; does not include journal subscription)

PAYMENT OPTIONS – CHECKS ARE PREFERRED

- Check or Money Order** payable to **International Society of Exposure Analysis** (In U.S. dollars drawn on a U.S. bank)
- VISA** **MasterCard**
 Cardholder Name (if different from above) _____
 Card No. _____ Expiration Date _____ / _____
 Authorizing Signature _____
- International bank wire transfer** Wire transfer fees from the originating and intermediary banks must be paid by the applicant. Please send this application form under separate cover and contact the ISES Secretariat for wire transfer information.

****We would appreciate your completing page 2 -- it's important →**

Name _____

Type of Organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic
<input type="checkbox"/> Faculty / Staff
<input type="checkbox"/> Student
<input type="checkbox"/> Postdoc
<input type="checkbox"/> New Researcher (highest degree conferred less than 10 years ago) | <input type="checkbox"/> Government
<input type="checkbox"/> Federal
<input type="checkbox"/> State
<input type="checkbox"/> Local
<input type="checkbox"/> Tribal
<input type="checkbox"/> International
<input type="checkbox"/> Retired | <input type="checkbox"/> Industry
<input type="checkbox"/> Consulting
<input type="checkbox"/> Research Organization
<input type="checkbox"/> Not-for-Profit
<input type="checkbox"/> Legal
<input type="checkbox"/> Other: _____ |
|--|--|--|

Agent Specialties:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asbestos
<input type="checkbox"/> Consumer Products
<input type="checkbox"/> Criteria Pollutants (includes SOx, NOx, Ozone, Radon)
<input type="checkbox"/> Metals
<input type="checkbox"/> Microbes (includes fungi, bacteria, viruses) | <input type="checkbox"/> Nanoparticles
<input type="checkbox"/> Noise
<input type="checkbox"/> Particulate Matter
<input type="checkbox"/> Persistent Organic Pollutants (includes PCBs, Dioxins, Furans, PFCs, BFRs, etc.) | <input type="checkbox"/> Pesticides (includes Herbicides, Insecticides, Fungicides, Rodenticides, Biocides, etc.)
<input type="checkbox"/> Radiation
<input type="checkbox"/> Radionuclides
<input type="checkbox"/> VOCs
<input type="checkbox"/> Other: _____ |
|---|--|---|

Media Focus:

- | | | |
|--|--|--|
| <input type="checkbox"/> Activity Patterns
<input type="checkbox"/> Air
<input type="checkbox"/> Biological Specimens
<input type="checkbox"/> Building Materials | <input type="checkbox"/> Consumer Products
<input type="checkbox"/> Dermal
<input type="checkbox"/> Diet/Food
<input type="checkbox"/> Dust | <input type="checkbox"/> Plants
<input type="checkbox"/> Soil/Sediment
<input type="checkbox"/> Water
<input type="checkbox"/> Other: _____ |
|--|--|--|

Research Focus:

- | | | |
|--|---|---|
| <input type="checkbox"/> Activity Patterns
<input type="checkbox"/> Built Environment
<input type="checkbox"/> Communication & Public Outreach
<input type="checkbox"/> Epidemiology
<input type="checkbox"/> Ethics | <input type="checkbox"/> Human & Ecosystem Health
<input type="checkbox"/> Measurements
<input type="checkbox"/> Medical
<input type="checkbox"/> Methods
<input type="checkbox"/> Analytical
<input type="checkbox"/> Field | <input type="checkbox"/> Modeling
<input type="checkbox"/> Omics
<input type="checkbox"/> Policy & Planning
<input type="checkbox"/> Risk Analysis
<input type="checkbox"/> Toxicology
<input type="checkbox"/> Other: _____ |
|--|---|---|

Other Professional Society Memberships:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Chemical Society
<input type="checkbox"/> International Society for Environmental Epidemiology | <input type="checkbox"/> Society for Risk Analysis
<input type="checkbox"/> Society of Environmental Toxicology and Chemistry
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Society of Toxicology
<input type="checkbox"/> American Association for Aerosol Research |
|---|---|--|

Are you currently a Regional Chapter member? Yes No

Would you be interested in joining a Regional Chapter if one were to form in your area? Yes No

Please mail or fax completed 2-page form along with payment to:
International Society of Exposure Analysis, c/o JSI Research and Training Institute
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iseamail@jsi.com www.iseaweb.org Federal ID# 22-3022846