



ISPG MEMBERSHIP FORM

New Member (*If new member, please enclose CV*)

Membership Renewal

Last Name: _____ **First Name:** _____

Designations (degrees): _____

Organization: _____

Area of Specialty: _____

I would be willing to serve as a mentor to young investigators: Yes No

Mailing Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

I agree to posting of the above information in an members only ISPG website directory: Yes No

Gender: Male Female I decline to answer

Ethnicity: African American Asian Hispanic Native American
 U.S. Pacific Islander White Other I decline to answer

Dear Participant – gender and diversity data is used to gathering information on enhancing diversity within ISPG.

Full Member - \$75

Student Member - \$50 (*Must verify student status with a letter from supervisor*)

\$_____ Tax Free Donation to the Society

\$_____ Total Payment

Credit Cards Are Acceptable (MASTERCARD or VISA ONLY):

Credit Card #: _____ **Expiration Date:** _____

Signature of Card Holder: _____

Checks are also acceptable, payable to: ISPG (drawn ONLY on a U.S. bank or International Money Order).

Return completed form to the ISPG Executive Office at email www.ispg.net, fax to (888) 417-3311, or mail to ISPG Executive Office, 5034A Thoroughbred Lane, Brentwood, TN 37027 USA.

For more information on becoming a member of the ISPG, please contact the Executive Office at +001 615 649 3086 or visit the website at www.ispg.net.