

**MEMBERSHIP / DONOR APPLICATION**

CONTACT INFORMATION

Prefix (Ms., Dr., etc.): \_\_\_\_\_ Academic Degree(s) (M.D., Ph.D., etc.): \_\_\_\_\_

\*Name:

\_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \* State/ Prov.: \_\_\_\_\_ \* Zip/ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ Dept.: \_\_\_\_\_ Organization: \_\_\_\_\_

Specialty: \_\_\_\_\_ Please Indicate Interest: \_\_\_ Research \_\_\_ Clinical \_\_\_ Both \_\_\_ Other  
 \* Required fields

Please exclude my name from the online membership directory of IACFSME members that is available only to other members at www.IACFSME.org

**For Membership in the IACFS/ME**

(check all that apply for your category)

One year Memberships include IACFS/ME newsletter, reduced conference registration fees, discounted IACFS/ME materials, unlimited website access and website listing.

New Member

Renewing Member

For Full Member, voting (Professionals including Researchers, Clinicians, Therapists):

1 Year Professional—\$100  2 Year Professional—\$150  Lifetime Professional—\$1,000

For Associate Member, non-voting (Students, Patients, Other Interested Individuals)

1 Year Associate—\$40  2 Year Associate—\$60

For Supporting Member, non-voting (Institutional, Corporate, Support Group, and Individual Sponsors):

Standard \$200  Bronze \$500  Silver \$1,000  Gold \$2,500  Platinum \$5,000

**For Donations to the IACFS/ME**

I wish to donate to the IACFS/ME

To the Rudy Perpich Memorial Fund (International Conference Speakers): \$ \_\_\_\_\_

To the Junior Investigator Award \$ \_\_\_\_\_

To the IACFS/ME General Fund \$ \_\_\_\_\_

Donation in the name or honor of: \_\_\_\_\_

**Total amount remitted:** \$ \_\_\_\_\_

Check: Please make check or money order payable in US funds to IACFS/ME and mail to the address above.

VISA  Mastercard  American Express: Please mail to address above or fax to 847-579-0975

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date: \_\_\_\_\_