

APPLICATION FOR MEMBERSHIP

Eastern Mediterranean Region of the International Biometric Society

Name _____
Affiliation _____
Address _____
E-mail _____
Telephone _____ New Member
Fax _____ Renewal

IBS Membership Category (Cost of 1 year's membership)

Cyprus, Greece, Israel Full (\$65) Associate (\$30) Student (\$30)

Egypt, Jordan, the Palestinian Authority, Saudi Arabia, Turkey Full (\$24) Associate (\$18) Student (\$18)

Full Membership	Full membership entails the full benefits of the Society (EMR/IBS), including receipt of Biometrics, the Biometric Bulletin and a Regional Newsletter, voting privileges and the right to hold elective office in both EMR and IBS
Associate Membership	Associate Membership entails the right to vote and to hold elective office in the EMR, and receipt of the Biometric Bulletin and a Regional Newsletter
Student Membership	Student membership entails all the rights of full membership except voting and holding elective office (please have your major professor certify your full time student status)

Method of Payment:

Check
Enclosed is my check in US dollars made payable to the Eastern Mediterranean Region of IBS.

Credit Card
Please charge my membership dues in the amount of \$ _____ to:

VISA MASTERCARD AMERICAN EXPRESS

Card No: _____ Exp.Date: ____/____

Name of cardholder as it appears on your credit card _____

Signature _____ Date _____

Please fax the completed form to +972-4-8253849 or send completed form and check to:

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