



**Southern California Branch of the
American Society for Microbiology
www.scasm.org**

Membership Application and Renewal Form

SCASM Members receive newsletters, meeting announcements and annual meeting discounts. Invite your colleagues to join SCASM so that they too will be able to participate in our branch activities. The SCASM membership year runs from January through December. **All applications received after October 1, will be applied to the following calendar year.**

New Member Membership Renewal SCASM Membership# _____

I am a National ASM Member Yes No National ASM Membership # _____

PLEASE TYPE OR PRINT

Name: _____

Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Primary Area of Interest: Academic Biotechnology Clinical/Public Health
 Industrial Marketing/Sales Other _____

Membership Categories:

| | | |
|-------------------|--|---|
| Full Member | <input type="checkbox"/> 1 year - \$25 | <input type="checkbox"/> 2 years - \$45 |
| Associate Member | <input type="checkbox"/> 1 year - \$25 | <input type="checkbox"/> 2 years - \$45 |
| Student Member | <input type="checkbox"/> 1 year - \$7 | |
| Sustaining Member | <input type="checkbox"/> 1 year - \$100 | |
| *Honorary Member | <input type="checkbox"/> 1 year – No Fee | |
| *Emeritus Member | <input type="checkbox"/> 1 year – No Fee | |

*You must qualify & be approved by SCASM Board

Please make your check payable to SCASM and send it with this completed form to:

**SCASM Membership
10889 La Alberca Avenue
San Diego, CA 92127
[diane@Guthrie-meetings-events.com](mailto:diane@ Guthrie-meetings-events.com)
Phone: 858-487-7759**

Internal Use Only
Date Rec'd: _____
Amt: _____
Ck#: _____