

MBL Society Membership ApplicationMembership Category: ☐ Student ☐ Beginning Investigator ☐ Regular ☐ Emeritus

Name in Full _____ Date _____

Work Address _____

Telephone _____ E-mail _____

Preferred Address/Contact Information (if different than above)

Professional Title/Position _____

Academic Degree(s), Institutions, Dates (beginning with undergraduate)

_____**Attach Curriculum Vitae**

Relationship to the MBL, with dates, and status (e.g., investigator, course instructor, student, library reader, other)

Signature _____ Date _____

Endorsement. MBL Society members signing believe that the applicant fully meets the stated standards of the community, and agree to be contacted regarding this application

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Application endorsed by:1. _____
Name and E-mail2. _____
Name and E-mail

Members of the MBL Society.

REMINDER *Please attach your CV.*