

**Bioelectromagnetics Society**  
**Retired Associate Membership Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RETIREMENT DATE: \_\_\_\_\_

I am an Associate Member. My annual dues have been paid through year \_\_\_\_\_.

I have retired, or will retire, from my position as \_\_\_\_\_

\_\_\_\_\_

with \_\_\_\_\_,

and wish to be considered for Retired Associate Membership in the Society.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please mail this form to the Society office at the address below.

*Notes:*

Retired Associate status is available only to a person already an Associate Member in good standing.

Your application will be acted on at the next meeting of the Board of Directors (usually in February or June).

Retired Associate Membership will be effective from the date of retirement or following Board action, whichever occurs later.

The reduced dues of Retired Associate Members are effective beginning in the calendar year following attainment of Retired Associate status.

Mail to: The Bioelectromagnetics Society; 2412 Cobblestone Way, Frederick, MD 21702, or fax to (USA) 301-694-4948.