



NEW

FIRST NAME _____ LAST NAME _____ POSITION/JOB TITLE _____

COMPANY _____ TYPE OF BUSINESS _____

MAILING ADDRESS _____ This is my: BUSINESS ADDRESS HOME ADDRESS

CITY _____ STATE/PROV _____ ZIP _____ COUNTRY _____

EMAIL _____ PHONE _____ FAX _____

Corporate Member Level	Amount <i>(Due Annually)</i>	Line Total
<input type="checkbox"/> Exploration (max 2 years) (one member representative)	\$500	
<input type="checkbox"/> Discovery (max 2 years) (two member representatives)	\$1,000	
<input type="checkbox"/> Creation (up to 5 member representative)	\$5,000	
<input type="checkbox"/> Invention (up to 7 member representatives)	\$10,000	
<input type="checkbox"/> Innovation (Up to 10 member representatives)	\$15,000	
<input type="checkbox"/> Development (Up to 15 member representatives)	\$20,000	
<input type="checkbox"/> Commercialization (Up to 25 member representatives)	\$25,000	

* All membership levels have online access to BMES Journals, including *Annals of Biomedical Engineering; Cardiovascular Engineering and Technologies; and Cellular and Molecular Bioengineering.*

PAYMENT METHOD: Check/Money Order (*Made Payable in US Dollars to BMES*) Visa MasterCard Discover Amex

Card Number: _____ Expiration Date: _____ Security Code: _____

Name (*as it appears on card*): _____

Billing Address: _____ City, State, Zip: _____

Cardholder Signature: _____

Contact Representatives

Corporate Membership Levels are entitled to designate a key contact as well as additional member representatives based on the level of membership you have. **Please refer to the chart above for the number of contacts included in your membership level. If you need an additional sheet for contacts please contact us.**

Member Rep 1: (Main Contact)		Member Rep 8:	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	
Member Rep 2:		Member Rep 9:	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	
Member Rep 3:		Member Rep 10:	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	
Member Rep 4:		Member Rep 11:	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	
Member Rep 5:		Member Rep 12:	
Title		Title	
Address		Address	
City, State, Zip:		City, State, Zip	
Phone		Phone	
Email		Email	
Member Rep 6:		Member Rep 13:	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	
Member Rep 7:		Member Rep 14:	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	

Mail, fax, or email completed form with payment to:

BMES
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