



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

\* 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.**

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

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

**BMES**  
**8201 Corporate Drive, Suite 1125 –**  
**Landover, MD 20785, USA**

Phone: (301) 459-1999/ Fax: (301) 459-2444

Email: [lisa@bmes.org](mailto:lisa@bmes.org)

[www.bmes.org](http://www.bmes.org)