

# Society for Thermal Medicine 2005 Membership Application

## STM Objectives

The objectives of the Society for Thermal Medicine are: (a) to facilitate interaction and communication between theoreticians, experimentalists, and clinical practitioners from the disciplines of physical and engineering sciences, biological and chemical sciences, and clinical and medical sciences that contribute to the understanding and use of hyperthermia; (b) to promote basic research and the clinical application of hyperthermia; (c) to promote diffusion of knowledge of hyperthermia to persons in the diverse disciplines interested in the field of hyperthermia.

## STM Membership Category (Indicate selection below)

**Active Member (\$200.00)**

Those individuals who have made meritorious contributions to the field of hyperthermia in the laboratory and/or clinical setting; or those who have made other contributions considered the equivalent of such investigations. The qualifications of a prospective member shall normally be judged after examination of his/her published work. The privileges of Active Membership shall include voting, holding office, membership on standing committees in the Society, sponsorship of an abstract for presentation at the annual meeting, and subscription to publications sponsored by the Society at member rates.

**Associate Member (\$200.00)**

Persons who have an interest in hyperthermia but do not meet the criteria for Active Membership. Associate Members might include students, technicians, and representatives from business or government. Associate Members may not vote or hold office. Associate Members may serve on standing committees, sponsor an abstract for presentation at the annual meeting, and subscribe to Society publications at the member rate. Associate Members may become Active Members when, upon application, they are deemed by the Membership Committee to meet the standards of such membership.

**Student Member (\$25.00)** Pre- or Post-doctoral students working in the area of hyperthermia research or other areas of the natural sciences. Student membership is generally limited to six years. Student members have all the privileges of members except voting or holding office. Students must submit sponsor letter.

**General Information:** Entries must be legible (preferably typed). STM will notify the candidate of the result. If approved, an invoice and notification of acceptance will be sent. A subscription to the *International Journal of Hyperthermia* is included in the dues of Active and Association Members, and is optional for student members for an added cost of \$96.

Salutation:  Dr.  Mr.  Ms.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Work Title: \_\_\_\_\_

Work Department: \_\_\_\_\_

Work Organization: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City: \_\_\_\_\_

Work State/Province: \_\_\_\_\_

Work Postal Code: \_\_\_\_\_

Work Country: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_

Home State/Province: \_\_\_\_\_

Home Postal Code: \_\_\_\_\_

Home Country: \_\_\_\_\_

Mail Address Preference for STM Mailings:  Work  Home

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Discipline of Highest Training (check degree obtained)

- Biology/Chemistry  
 Physics/Engineering  
 Clinical/Medical  Other \_\_\_\_\_

## Current Research Interest

- Biology/Chemistry  
 Physics/Engineering  
 Clinical/Medical  Other \_\_\_\_\_

## Submission Instructions: Please return completed form to:

Society for Thermal Medicine  
10105 Cottesmore Court, Great Falls, VA 22066  
Phone: 703-757-0044  
Fax: 703-757-0454  
Email: info@thermalmedicine.org  
Website: www.thermalmedicine.org

Last Name: \_\_\_\_\_

**Education:**

Institution

Dates Attended

Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

**References:** Names and addresses of two scientists familiar with your background and research, preferably STM members

Name

Organization

Telephone No.

Email

_____	_____	_____	_____
_____	_____	_____	_____

**Major Positions:** List major positions held for the last 10 years

**Publications:** Please list up to three of your relevant publications.

**I assert that the above information is correct and do hereby apply for the membership category checked.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Options:  VISA  MasterCard  American Express  Discover Card  Check enclosed

Total Paid: \$\_\_\_\_\_  Active Member (\$200.00)  Associate Member (\$200.00)  Student Member (\$25.00)

Credit Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Zip Code of Credit Card billing address (for confirmation of US cards only): \_\_\_\_\_

Security Code (from back of card, usually three or four digit number following credit card number): \_\_\_\_\_

**Remit with Payment to:**  
**Society for Thermal Medicine, 10105 Cottesmore Court, Great Falls, VA 22066-3540**  
**OR, Fax to: 703-757-0454**