



# International Society for Maxillofacial Rehabilitation

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## ISMR NEW MEMBER APPLICATION

### Member Dues (Annual- Jan-Dec)

Constituent Membership:	Doctors	<b>\$219</b>	
	Allied Technicians	<b>\$219</b>	
Student Membership:	Resident/Graduate Students	<b>\$50</b>	*Students must be enrolled or recent graduate (no more than 2 years) of an accredited program and must submit a signed letter from your program chairman with this application.
E-Membership:		<b>\$50</b>	*Applicant must reside in approved country. Visit ISMR website to view list.

The ISMR has established an Outreach Program Fund. Outreach assignments assist our colleagues with educational presentations, research and patient services. ISMR members donate their time and services. However, donations are needed to cover travel expenses. In this endeavor we are asking our membership to consider a small donation to support our Outreach Program Fund.

**Journal** – Included in your membership is a mandatory online journal subscription to the Journal of Otolaryngology Head and Neck Surgery. This journal is not offered to the Student or E-membership.

**Membership benefits include:** Reduced subscription fee to Journal of Otolaryngology Head and Neck Surgery, newsletters, discounted ISMR conference fees, internet ISMR Educational Courses (located on your member page of ISMR web site).

Encourage your colleagues to join and remain active in the ISMR. Visit the ISMR website, [www.ismr-org.com](http://www.ismr-org.com), to learn more information about membership, events, courses and conference!

**Name:** \_\_\_\_\_ **Classification:** \_\_\_\_\_  
*First (Given Name) Middle Int. Last (Family Name) (Doctor, Allied Technician or Student)*

**University/Institution** \_\_\_\_\_ **Student:** Year enrolled: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**Department** \_\_\_\_\_ **Student:** Program Chairman Name: \_\_\_\_\_

**Address 1** \_\_\_\_\_ **Address 2** \_\_\_\_\_

**City** \_\_\_\_\_ **State (Province)** \_\_\_\_\_ **Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **\*Email Address:** \_\_\_\_\_

*\*Required to process and reply with confirmation*

**Referred Member Name:** \_\_\_\_\_

- I am paying:**
- Constituent Membership: \$294- (Doctors/ Allied Technicians: \$75 Application Processing Fee + \$219 dues)
  - Student Membership: \$50 (Resident/Graduate Students: Processing fee is waived. Does not include journal subscription)
  - E- Membership: \$50 (Processing fee is waived. Does not include Journal Subscription or discounted conference fee)
  - \$25 Donation for Outreach Fund (optional)

### Payment Options:

- Online: Visit the ISMR website, <http://www.ismr-org.com>, to renew your membership online
- Phone: Call the ISMR Office with credit card information to pay by phone: **1 (312) 981-6782**
- Fax: Fax complete form with credit information below to ISMR Office: **1 (312) 265-2908**
- Mail: Mail completed form with credit card information or check/money order (Payable to ISMR) to:

ISMR  
PO Box 4543  
Carol Stream, IL 60197-4543· USA

**Amount Total:** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_