



**Contact Information**

Name \_\_\_\_\_ Affiliation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/PC \_\_\_\_\_ Country \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Partner name \_\_\_\_\_ Affiliation \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**General Information**

**Work Environment**       Business or Industry     Government     Academia  
**Primary Field of Interest**     Testing/methods     Mechanisms     Computer/SAR     Risk Assessment     Other

Please indicate below your **Primary Research Areas** in each category (two per category).

<b>System</b>	<b>Endpoint</b>	<b>Organism</b>	<b>Rationale</b>	<b>Health Connection</b>
<input type="checkbox"/> <i>in vitro</i> (acellular)	<input type="checkbox"/> DNA damage/adducts	<input type="checkbox"/> bacteria	<input type="checkbox"/> molecular mechanisms	<input type="checkbox"/> cancer
<input type="checkbox"/> cells in culture	<input type="checkbox"/> DNA repair	<input type="checkbox"/> yeast	<input type="checkbox"/> toxicity	<input type="checkbox"/> genetic disease
<input type="checkbox"/> whole animals	<input type="checkbox"/> mutations	<input type="checkbox"/> plants	<input type="checkbox"/> risk assessment	<input type="checkbox"/> aging
<input type="checkbox"/> human tissues	<input type="checkbox"/> chromosomal damage	<input type="checkbox"/> drosophila	<input type="checkbox"/> testing	<input type="checkbox"/> development
<input type="checkbox"/> populations	<input type="checkbox"/> cancer/cellular transformation	<input type="checkbox"/> rodents	<input type="checkbox"/> sentinel species	<input type="checkbox"/> genomics
<input type="checkbox"/> math/computer modeling	<input type="checkbox"/> heritable diseases	<input type="checkbox"/> humans	<input type="checkbox"/> epidemiology	<input type="checkbox"/> other
<input type="checkbox"/> new technology	<input type="checkbox"/> other	<input type="checkbox"/> cells in culture	<input type="checkbox"/> other	
<input type="checkbox"/> other		<input type="checkbox"/> transgenic		
		<input type="checkbox"/> other		

**Dues & Contributions**

	<b>USA</b>	<b>Canada (incl. GS tax)</b>	<b>Other (incl. Postage)</b>	<b>Please Enter Amount</b>
<b>2018 Membership Renewal</b> <i>Includes only electronic access to Environmental and Molecular Mutagenesis</i>	\$US 243.00	\$US 243.00	\$US 243.00	_____
<b>Subscription Options for <i>Environmental and Molecular Mutagenesis</i></b>				
<input type="checkbox"/> Electronic Access Only <i>(Included with renewal)</i>	\$US 0.00	\$US 0.00	\$US 0.00	_____
<input type="checkbox"/> 2017 Print Subscription <i>(Includes electronic access)</i>	\$US 30.00	\$US 35.00	\$US 50.00	_____
<b>Contributions</b>				
<input type="checkbox"/> Hollaender Fund				_____
<input type="checkbox"/> EMGS General Fund				_____
<input type="checkbox"/> Memorial Funds				_____
			<b>\$US TOTAL</b>	_____

**Method of Payment**

Check written on funds in a US Bank     Bank wire (\$10.00 fee. Please contact the business office for further specifics of the transfer.)  
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 Credit Card No. \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_ CCV \_\_\_\_\_ Signature \_\_\_\_\_