



Contact Information

Name _____ Affiliation _____

Address _____

City _____ State/Province _____ ZIP/PC _____ Country _____

Email _____ Phone _____ Fax _____

Advisor Name _____ Advisor Email _____ Date of Expected Graduation _____

To retain Student membership, please send proof of student status as student/trainee in the form of student id or mentor letter to emgshq@emgs-us.org.

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).

System	Endpoint	Organism	Rationale	Health Connection
<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

Membership Category	Rate	Please Enter Amount
<input type="checkbox"/> Student <i>Includes online access to Environmental and Molecular Mutagenesis</i>	\$US 26.00	_____
Contributions		
<input type="checkbox"/> Hollaender Fund		_____
<input type="checkbox"/> EMGS General Fund		_____
<input type="checkbox"/> Memorial Funds		_____
	\$US TOTAL	_____

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.)

Visa MasterCard AMEX Discover

Credit Card No. _____ Exp. (mm/yy) _____ CCV _____ Signature _____

Return to Environmental Mutagenesis and Genomics Society, 12627 San Jose Blvd., Suite 202, Jacksonville, FL 32223

Phone: 904.289.3410 Fax: 904.513.2666 Email: EMGSHQ@emgs-us.org