



2016 Renewal Form

8014

Personal Data

Check the appropriate box: Mr. Mrs. Ms. Dr.

Name _____
First M.I. Last

Title _____

Company/Institution _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Telephone _____

Fax _____

E-mail _____

Note: The information you provide us below will remain confidential.

Date of Birth ____/____/____ Gender: Male Female
Month Day Year

Select a category that best describes your work:

- Academia Industry Government Student
 Other _____

Primary track of interest:

- Bioactive Materials Consumer & Diversified Products
 Preclinical Sciences & Animal Health

How many years in this field? _____

Do not include my information in the online membership directory only accessible to members.

Current Memberships

Please indicate the associations of which you are already a member:

- AAAS FIP RSC
 AAPS JSDDS Other
 ACS PDA _____

Divisions

Optional – no charge. Choose as many as apply.

- Consumer & Diversified Products Division
 Preclinical Sciences & Animal Health Division

Return form to:

Controlled Release Society
3340 Pilot Knob Road
St. Paul, MN 55121 U.S.A.

Telephone: +1.651.454.7250
Facsimile: +1.651.454.0766

E-mail: crs@scisoc.org
controlledreleasesociety.org

Membership Dues

Paid membership includes a complimentary online subscription to *Drug Delivery and Translational Research* and the *CRS Newsletter*.

- Individual \$175
 Post-Doc \$64
 Student (complete the student verification) \$54

Subtotal Membership Dues \$ _____

Student Status Verification

I attest that the named individual is a full-time, degree-seeking student.

Signature of advisor or department chair

Printed Name _____

Expected Graduation Date _____

Telephone _____

E-mail _____

Journal Subscriptions (check one or more)

- Drug Delivery and Translational Research* (Vol. 6, 6 issues)
Official Journal of CRS – Print \$40
 Journal of Controlled Release (Vol. 221 – 244, 24 issues)
Official Journal of CRS – Print \$224
 Journal of Controlled Release (Vol. 221 – 244, 24 issues)
Official Journal of CRS – Online \$190
 European Journal of Pharmaceutics and Biopharmaceutics
(Vol. 98 – 109, 12 issues) \$165
 Biomaterials (Vol. 37, 36 issues) \$437
Includes ScienceDirect online access

Subtotal Journal Options \$ _____

Contribution

CRS Foundation Contribution (optional)* \$ _____

43rd Annual Meeting Student

Travel Grant Contribution (optional)* \$ _____

* Your contribution may be tax deductible. CRS is a 501(c)(3) organization.
Consult your tax advisor on how the current law applies to you.

Contribution \$ _____

Grand Total \$ _____

Payment Method

Total payment must accompany completed application.

- Check enclosed made payable to Controlled Release Society
Must be in U.S. dollars drawn on a U.S. bank—When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

- Charge Grand Total above to my:
 Visa MC Am. Express Discover

Credit Card Number _____

Expiration Date ____/____
Month Year

Card Holder's Name _____

Agreement: I accept to receive information from CRS via e-mail, and acknowledge that my contact information will appear on the CRS web-site in the online membership directory, unless I have stated otherwise.

Applicant Signature

Month/Year