



# 2010 Membership Application

CRS membership is based on the calendar year: January 1 – December 31.

Dues must be paid in full by February 28, 2010, to be eligible to vote in the spring 2010 election.

## Personal Data

8001

Have you previously been a member of CRS?  Yes  No

The address listed is:  Business  Home

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

Name \_\_\_\_\_  
First M.I. Last

Title \_\_\_\_\_

Degree \_\_\_\_\_

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  Veterinary

How many years in this field? \_\_\_\_\_

I prefer to receive CRS Newsletter/communications by: (check one)

E-mail  Direct Mail

E-mail preference:  HTML  Text

I want to receive information regarding Young Scientist programs

Do not include my information in rented mailing lists

Do not include my information in membership directories

## Current Memberships

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

AAAS  FIP  RSC

AAPS  JSDDS  Other

ACS  PDA \_\_\_\_\_

### \* Student Status Verification

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

X \_\_\_\_\_  
Signature of advisor or department chair

Printed Name \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## Membership Dues

Paid membership includes a complimentary subscription to the CRS Newsletter.

Individual \$143

Post-Doc \$44

Student\* \$34

\* Please complete the student verification at the bottom of the previous column

Subtotal Membership Dues \$ \_\_\_\_\_

## Journal Subscriptions (check one or more)

Must be a current member.

Journal of Controlled Release (Vol. 141 – 148)  
Official Journal of CRS – Print \$165

Journal of Controlled Release (Vol. 141 – 148)  
Official Journal of CRS – Online \$130

European Journal of Pharmaceutics and Biopharmaceutics  
(Vol. 74 – 76, 9 issues) \$125

Biomaterials (Vol. 31, 36 issues) \$325  
Includes ScienceDirect online access

Subtotal Journal Options \$ \_\_\_\_\_

## Contribution

CRS Foundation Endowment Contribution (optional)\* \$ \_\_\_\_\_

Your contribution will build the endowment, supporting the creation of a portfolio for future fellowship programs (Donations of \$100 or more receive print acknowledgement.)

37th Annual Meeting Graduate Student Travel Grant Contribution (optional)\* \$ \_\_\_\_\_

Contributions of \$25 or more receive print acknowledgement.

\* 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

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 website in the online membership directory, unless I have stated otherwise.

Applicant Signature \_\_\_\_\_

Month/Year \_\_\_\_\_

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 • Website: www.controlledreleasesociety.org