

2008 SRA Membership Application

Name: (First) _____ (Last) _____

Company: _____

Address (for confirmation): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Business Phone: _____ FAX: _____

Email: _____

MEMBERSHIP OPTIONS – ANNUAL DUES (JANUARY 1-DECEMBER 31, 2008)

- | | |
|---|---|
| <input type="checkbox"/> Supporting Membership (Supports Reduced Fee Memberships) . \$155 | <input type="checkbox"/> Reduced Fee Memberships \$55 |
| <input type="checkbox"/> Full Membership \$105 | <input type="checkbox"/> Salary Under \$30,000 USD |
| <input type="checkbox"/> Student Membership \$55 | |
| <input type="checkbox"/> Student Membership w/o Journal \$10 | |

All members receive a subscription to the Journal, *Risk Analysis*, with the exception of Student Membership without Journal.

REGIONAL ORGANIZATIONS DUES

- Chicago Regional SRA Chapter \$20
- Greater Pittsburgh (Students Exempt) \$20
- National Capital Area \$10
- Northern California \$15
- NY, NJ, CT (Metro Chapter) \$15
- Ohio \$5
- Research Triangle Park \$20
- Southern California \$10
- SRA-Europe \$40
- Upstate New York (Students Exempt) \$15

SPECIALTY GROUP DUES

- Biological Stressors Risk Assessment \$15
- Decision Analysis & Risk \$0
- Dose Response \$15
- Ecological Risk Assessment \$5
- Economics and Benefit Analysis \$10
- Emerging Nanoscale Materials \$10
- Engineering & Infrastructure \$0
- Exposure Assessment \$10
- Risk Communication (Students Exempt) \$10
- Risk, Science, & Policy \$0

EMPLOYMENT (Choose one)

- (90) Government
- (91) Industrial
- (92) Medical
- (93) National Laboratory
- (94) University
- (95) Other
- (96) Private Practice
- (97) Military

DISCIPLINE (choose one)

- | | |
|--|--|
| Highest Degree | |
| <input type="checkbox"/> (60) Economics | <input type="checkbox"/> (64) Philosophy |
| <input type="checkbox"/> (61) Engineering | <input type="checkbox"/> (65) Psychology/Sociology |
| <input type="checkbox"/> (62) Environmental Sciences | <input type="checkbox"/> (66) Public Health Sciences |
| <input type="checkbox"/> (63) Law and Policy | <input type="checkbox"/> (67) Other: _____ |

Total Amount _____

PAYMENT (please indicate method of payment) SRA Federal Tax ID #52-1185629

Check # _____

VISA MasterCard American Express

Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____

Cardholder Billing Address _____

Make check (please note check # above) payable and mail to: **Society for Risk Analysis, 1313 Dolley Madison Blvd, Suite 402, McLean, VA 22101**