



Lambda Biotechnology Association

www.lambdabiotech.org PO Box 632851
San Diego, CA 92163-2851

Membership Application Form

(please print or type)
(Make checks payable to Lambda Biotechnology Association)

Last Name	First Name	MI	Title
Company/Institution	Job Title	Dept/Functional Area	
Mailing Address	City	State	Zip
E-mail Address	Phone Number	Fax Number	
Membership Category	<input type="radio"/> Regular (\$25/year) <input type="radio"/> Student (\$10/year) <input type="radio"/> Associate (\$25/year)		

Regular: Any adult person (18 years or older) dedicated to the purposes of the organization, self-identified as lesbian, gay, bisexual or transgendered, residing in the greater San Diego area, and actively employed or self-employed within the biotechnology or life sciences industries (including the health care industry) or within academia (in a life sciences or related discipline).

Student: Any adult person dedicated to the purposes of the organization, self-identified as lesbian, gay, bisexual or transgendered, residing in the greater San Diego area, and pursuing an educational degree at an academic institution in a life sciences or related discipline as a full-time undergraduate or graduate student (as determined by the academic institution).

Associate: Any adult person supporting the mission but not meeting the criteria for "Regular" or "Student" membership.

<input type="radio"/> Contact me about volunteer opportunities (please list areas of interest)	
How did you hear about LBA? <input type="radio"/> Co-worker/friend <input type="radio"/> Web site <input type="radio"/> Ad _____ <input type="radio"/> Other _____	
Signature	Date
<input type="radio"/> I wish my name withheld from member listings (circulated to other members only)	

For Official Use Only

Member Number _____	Payment <input type="radio"/> check <input type="radio"/> cash	Renewal Date _____