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 **Membership Renewal Form
1 January – 31 December 2015**

**Society for Cryobiology Editorial Office
University of Bedfordshire
250 Butterfield
Great Marlings
Luton LU2 8DL
United Kingdom**

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| **Name:**  | **Membership Number (if known):**  |

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| **Membership Category** | **Early Renewal***(received* ***before*** *15th* *January 2015)* | **Late Renewal** *(received* ***after*** *15th January 2015)* |
| **Membership Base Fee (includes online access to Cryobiology)**[ ]  Individual and Sustaining Member[ ]  Retired Member and Student\* Member**Optional**[ ]  Add Print Subscription [ ]  Add Sustaining Member Donation^  | [ ]  $60[ ]  $0[ ]  $94[ ]  $40 | [ ]  $80[ ]  $0[ ]  $94[ ]  $40 |
| \*For student membership please arrange for the declaration below to be completed by your Supervisor or Head of Department. |
| ^No goods or services are provided in return for your donation.  |

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| **Method of Payment**  |
| **[ ]  Paypal** Please make payment at <http://www.societyforcryobiology.org/membership-renewals> **Please note this is our preferred method of payment.**  |
| **[ ]  Check** Checks should be made payable to Society for Cryobiology Editorial Office. ***Checks will be accepted in USD$ only****. Please post your check to the address in the top right corner of this form.*  |
| **[ ]  Bank/Wire transferHSBC, York Branch, UKAccount Name: Society for Cryobiology Editorial OfficeBIC:**  MIDLGB22**IBAN:** GB86MIDL 40051557460652*Please note: All remitting bank charges and any intermediary bank charges must be borne by the remitter. Receipt of an incomplete amount will result in a delay to the processing of your membership.*  |
| **[ ]  Receipt Required** – *Please tick if you require a receipt.* |

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| **Contact Details** *If your contact details have changed please amend them here* |
| **Title:** **[ ]** Mr **[ ]** Mrs **[ ]** Miss **[ ]** Dr **[ ]** Prof | **Address:**  |
| **Telephone Number:**  | Organization  |
| **Email Address:**       | Department |
| **Other Amendments:** | Street Address or P.O. Box |
|  | City |
|  | State/Province |
|  | Postal Code |
|  | Country |

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| **Student Declaration (to be completed by Head of Department)** |
| I confirm that student name is a full-time student at Department and Institution studying toward the degree of degree title. His/Her expected completion date is date. |
| **Name:**       | **Signature:**  |
| **Institution/University Stamp:** |