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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**

**T: +44 (0)1582 743 201   
E: cryobiology@beds.ac.uk**

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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 transfer HSBC, York Branch, UK Account Name: Society for Cryobiology Editorial Office BIC:**  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:** MrMrsMissDrProf | **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:** | |