



**INTERNATIONAL SOCIETY
FOR BIOMEDICAL RESEARCH ON ALCOHOLISM
(ISBRA)**

Membership Application Information and Form

Mission Statement: The **International Society for Biomedical Research on Alcoholism (ISBRA)** serves to promote excellence internationally in all aspects of biomedical research on alcoholism and alcohol related biomedical phenomena.

Please browse our website: www.isbra.com for additional information about the Society.

Members of ISBRA are eligible for a discounted subscription to the journal Alcoholism: Clinical and Experimental Research (ACER), the Society's official journal. The subscription provides you with a paper and online copy of the journal. The subscription fee is billed and paid (if a member chooses to subscribe) through ISBRA.

There are two ways that an individual can be accepted as a Regular Member of ISBRA. If an individual is already a member in good standing of an affiliated regional society of ISBRA, (Research Society on Alcoholism (RSA), European Society for Biomedical Research on Alcoholism (ESBRA), or Japanese Medical Society on Alcohol and Drug Studies (JMSAS)) he or she need only complete the ISBRA Membership Application Form. Annual dues for these members are \$35. If an individual is not a member of an affiliated society, he or she must submit both an up-to-date Curriculum Vitae and the Membership Application Form. Annual dues for these members are \$60. Do not send your dues payment with your application form. Upon acceptance to the society, you will be billed during the regular billing cycle.

The Membership Committee reviews applications four (4) times a year. Application deadlines are: January 2, April 1, July 1 and October 1. You will be notified in writing of your formal acceptance into ISBRA.

Thank you for your interest in ISBRA Please send your application for membership via postal mail, fax, or e-mail to:

International Society for Biomedical Research on Alcoholism
P.O. Box 202332
Denver, CO 80220-8332
USA
Fax Number: (303) 355-1207
E-Mail to isbra@isbra.com

If you have any questions, please contact either the ISBRA Office Manger or an individual on the Membership Committee. (See below.)

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**INTERNATIONAL SOCIETY
FOR BIOMEDICAL RESEARCH ON ALCOHOLISM
(ISBRA)**

MEMBERSHIP APPLICATION FORM

Please check one:

Member of Affiliated Regional Society:

- Research Society on Alcoholism (RSA)
- European Society for Biomedical Research on Alcoholism (ESBRA)
- Japanese Medical Society on Alcohol and Drug Studies (JMSAS)

- Non-Member of Affiliated Regional Society (Please include your current C.V.)**

PLEASE PRINT OR TYPE CLEARLY

DATE: _____

FULL NAME: _____

DEGREE(S): _____

UNIVERSITY/INSTITUTION: _____

DEPARTMENT: _____

STREET ADDRESS: _____

CITY: _____ STATE or PROVINCE: _____

ZIP: _____

COUNTRY: _____

TELEPHONE # (____) _____ FAX# (____) _____

E-MAIL ADDRESS: _____

(PLEASE PRINT CLEARLY)

RESEARCH INTERESTS (Please be brief, 1-3 words)

**(PLEASE NOTE: THE ABOVE INFORMATION WILL BE USED IN THE ISBRA
MEMBERS DIRECTORY.)**