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 Manager or an individual on the Membership Committee. (See below.)
ISBRA Office Manager:

Michelyn Lintz, M.P.A.
International Society for Biomedical Research on Alcoholism
P.O. Box 202332
Denver, CO 80220-8332
USA
Telephone: (303) 355-6420
Fax: (303) 355-1207
E-Mail to isbra@usa.net

ISBRA Membership Committee:

Toshikazu Saito, M.D., Ph.D.  (Chair)
Sapporo Medical College
School of Medicine
Department of Neuropsychiatry
Nishi-16, Minami-1
S.1, W.17 Chuo-ku
Sapporo, Hokkaido 060
JAPAN
Telephone: (81-11) 611-2111 x 3520
Fax: (81-11) 644-3041
E-mail: tosaito@sapmed.ac.jp

Francois Beaugé, D.Sc.
Centre de Recherche Pernod-Richard
120 Avenue de Marechal Foch
94015 Creteil, Cedex
FRANCE
Telephone: (33-1) 49-81-5738
Fax: (33-1) 49-81-5240
E-mail: Francois.Beaugé@wanadoo.fr

Michael Charness, M.D.
Harvard Medical School
VA Medical Center
Division of Neurology (127)
1400 VFW Parkway
West Roxbury, MA 02132
USA
Telephone: (617) 325-2815
Fax: (617) 363-5592
E-mail: mcharness@hms.harvard.edu

Tatsushige Fukunaga, M.D., Ph.D.
Mie University
School of Medicine
Chairman, Dept. of Forensic Medicine &
Sciences
2-174, Edobashi
Tsu, Mie 514-8507,
JAPAN
Telephone: (81-59) 232-1111 x 6381
Fax: (81-59) 231-5014
E-mail: fukunaga@doc.medic.mie-u.ac.jp

Markus Heilig, M.D., Ph.D.
Div. of Psychiatry, Neurotec, Karolinska Inst.
M57, Huddinge University Hospital
S14186 Stockholm
SWEDEN
Telephone: +46-8-58586666
Fax: +46-8-58585785
E-mail: markus.heilig@neurotec.ki.se

Joanne Lewohl, Ph.D.
Research Fellow and Adjunct Lecturer
Department of Biochemistry
Molecular Biosciences Building 76
University of Queensland
St Lucia 4072
AUSTRALIA
Telephone: +61-7-3365 2591
Fax: +61-7-3365-4699
E-mail: lewohl@biosci.uq.edu.au
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.)