

IBS Membership Renewal and Application Form

Please submit your completed form to the IBS International Business Office, via email, fax or mail to:

International Biometric Society
1444 I St, NW Suite 700 ♦ Washington, DC 20005 USA
Tel. ++202-712-9049 ♦ ++Fax 202-216-9646
Email: ibs@tibs.org

Only those applying for membership in the following Groups or Regions may use this form.

- Baltic Group
- Central America - Caribbean Region
- Eastern Mediterranean Region
- National Group Chile
- National Group China
- National Group Mexico
- At Large Membership

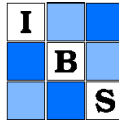
Please refer to the IBS website (www.tibs.org) for information on membership and instructions on how to join via your local Region or National Group.

Please check the Region or Group you wish to join.

- At Large (Countries other than United States)
- At Large (United States)
- Baltic Group
- Central American - Caribbean Region
- Eastern Mediterranean Region (Cyprus, Greece, or Israel)
- Eastern Mediterranean Region (Egypt, Jordan, Palestinian Authority, Saudi Arabia or Turkey)
- National Group Chile
- National Group China (China, Taiwan)
- National Group China (Hong Kong, U.S. residents)
- National Group Mexico

Please indicate your membership renewal status below:

- Former IBS Member
- New Member
- Renewing IBS Member



IBS Membership Types: Indicate your IBS dues category below. Individuals residing in Special Circumstance countries may check either the discounted dues rate or the full dues rate.

Regular Member*

- \$60.00 Membership
 - \$10.00 Add Subscription to Paper Copy of *Biometrics*
 - \$10.00 Add Subscription to Paper Copy of *JABES*
- *Entitled to electronic copies of *Biometrics*, *JABES*, and the *Biometric Bulletin*; full online access previous five volumes of *Biometrics*, voting rights, right to hold elective office.

Senior Retiree Member**

- \$30.00 Membership
 - \$10.00 Add Subscription to Paper Copy of *Biometrics*
 - \$10.00 Add Subscription to Paper Copy of *JABES*
- **Available to IBS Members who have had an active society membership for at least the past ten (10) years and who are no longer gainfully employed and are interested in the scope and purpose of the Society. Entitled to electronic copies of *Biometrics*, *JABES*, and the *Biometric Bulletin*; full online access to previous five volumes of *Biometrics*; Senior Retiree Members have all the rights and privileges of a Regular Member, which include voting and holding elective office.

Regular Member, special circumstance country discount*

- \$14.00 Membership
 - \$3.00 Add Subscription to Paper Copy of *Biometrics*
 - \$3.00 Add Subscription to Paper Copy of *JABES*
- *Entitled to the same benefits as a Regular Member.

Senior Retiree Member, special circumstance country discount**

- \$7.00 Membership
 - \$3.00 Add Subscription to Paper Copy of *Biometrics*
 - \$3.00 Add Subscription to Paper Copy of *JABES*
- **Entitled to the same benefits as a Senior Retiree Member.

IBS Charitable Donation Options: You may opt to donate to the following IBS charitable contributions.

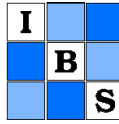
\$ _____ (indicate amount here) Awards Fund Committee

\$ _____ (indicate amount here) Education Committee

Awards Fund Committee: Funds promote Biometric activity in Special Circumstance countries, including allocation of travel awards, sponsorship of Biometric Networks, and distribution of Society journals to selected institutions.

Education Committee: Funds utilized to identify educational needs of Society Members and Associates, and to develop ways to satisfy those needs internationally, regionally, and nationally.

| | |
|--------------|----------|
| TOTAL | \$ _____ |
|--------------|----------|



NEW MEMBERS: Please supply the following information.

RENEWING MEMBERS: Please supply any information that has changed.

Prefix _____

First Name _____

Middle Name _____

Last/Surname _____

Suffix _____

Informal/Nickname _____

Former Last Name/Maiden Name or English Spelling

of Last Name (for directory search) _____

Credentials _____

Corporate or Institutional Website _____

Personal Website _____

Organization Name _____

Department _____

Title _____

Address 1 _____

Address 2 _____

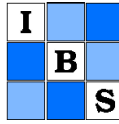
Address 3 _____

City _____

State/Province (US/Canada Only) _____

Locale,Area,Territory (Non-US/Canada) _____

Postal Code _____



Country _____

Phone _____

Fax _____

Mobile Phone _____

Email Address _____

- Check here if you elect to receive no outside distribution from the IBS Business Office (i.e. for mailing of promotional material or recruitment information.)

- Check here if you wish to completely exclude your profile from the On-Line Member Directory. IBS hopes its membership uses this only on an as-needed basis and that the many suppression options can reduce the need for complete exclusion from the directory. Keep in mind that only IBS Members have access to the On-Line Member Directory.

Payment Methods



Payment may be made by check or credit card to IBS

- Check made payable to IBS
- Credit card Visa MasterCard American Express

Card number: _____ Expiration Date: _____

Name as it appears on the Credit Card _____

Signature: _____