

# MEMBERSHIP FORM

## 2021 CALENDAR YEAR

TO COMPLETE THIS FORM ONLINE VISIT: [WWW.CBHD.ORG/MEMBERSHIP](http://WWW.CBHD.ORG/MEMBERSHIP)



### CONTACT INFORMATION:

Title \_\_\_\_\_ Name \_\_\_\_\_

Degree/Cert. \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

How did you hear about CBHD Membership? \_\_\_\_\_

What do you find most valuable about it? \_\_\_\_\_

### 2021 MEMBERSHIP OPTIONS (May be tax deductible as a professional membership-consult your tax advisor)

- 2021 Student Member** - \$40  
(Please email a copy of your current student ID)
- 2021 Standard Member** - Subscription - \$75

**Members** receive the peer-reviewed journal *Ethics & Medicine: An International Journal of Bioethics* (3 issues annually), access to premium content archives, discounts with journal and book publishers, and discounts on Center conferences.

### PAYMENT OPTIONS. *Please return this form with your payment to The Center for Bioethics & Human Dignity.*

- Check enclosed.
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