



Membership Application

Membership dues are: \$15/year/individual membership

PLEASE PRINTPLEASE PRINT**PLEASE PRINT**PLEASE PRINT**PLEASE PRINT**

(Complete and return along with your payment to address below)

Name: _____

Last

First

Dept/Title: _____ Certification # _____

Facility/Organization: _____

Mailing Address: _____

City

State

Zip

E-mail Address: _____

Phone: (_____) _____ - _____ Wk. Phone: (_____) _____ - _____ other

* Make Check or money order payable to: North Central Biomedical Association and send to: NCBA P.O. Box 484, Elk River, MN 55330

Don't forget to access our website at www.ncbiomed.org

It has a biomed chat area, job postings, announcements, and links to several useful websites. It's easy to sign in if you're a member. Even nonmembers can access most of the website's information.