



2009 Dues Renewal

1300 Wilson Blvd., Suite 300
 Arlington, VA 22209
 Phone: 703-684-1006
 Fax: 703-684-1009
 E-mail: info@shea-online.org

Full Name (please print clearly):

(please provide any information that may have changed)

Affiliation:

Department:

Street:

Phone:

City, State:

E-mail:

The following information is used to better serve our membership's needs and to better understand the demographics of our society and field.

Age:

- Less than 40 years 50-59 years
 40-49 years 60 or older

Sex:

- Female
 Male

Speciality:

Description	Balance
2009 Dues (see rates below)	\$ _____
* Mentor Scholar Fund Contribution	\$25.00
Total:	\$ _____

* This fund supports the Mentor Scholar Award, which honors individuals who are recognized for their dedication and excellence in mentoring trainees in infection prevention and control. Contributions are optional.

Payment Method (USD Only): Check (payable to SHEA) Credit Card

Credit Card Type: Master Card VISA American Express

Card Number: _____ Expiration Date: ____ / ____

Name on Card (print): _____ Signature: _____

Member/Fellow:	D \$165, I \$225, DC \$50	Associate Member:	D \$110, I \$170, DC \$50
Member-in-Training:	D \$85, I \$145, DC \$50	Emeritus Member/Fellow:	D \$100, I \$150, DC \$50
Corporate Member:	D \$225, I \$285		
D – Domestic (US/Canada)		I – International	
DC – Developing Country (E-journal only)			

We are required by Federal law to notify you that contributions or gifts to SHEA are not deductible as charitable contributions for Federal income tax purposes, pursuant to the Omnibus Budget Reconciliation Act of 1993. You may wish to consult your tax advisor about this matter.