

# Application: Membership

**Applicant Submission Checklist:**

Completed Application     Dues Payment     Curriculum Vitae, abbreviated form, preferably the NIH format

**Membership Categories:** Please select membership category.

**ACTIVE MEMBERSHIP (\$95.00 USD Annual Dues):** Open to any individual working in the field of urologic research and to other contributors to this field. Active Membership includes individuals not in possession of and MD degree and does not require licensure or certification in urology.

**IN-TRAINING MEMBERSHIP (\$50.00 USD Annual Dues):** Open to individuals who are currently pursuing their academic degrees or postgraduate training (residency, fellowship, post-doctoral training) and are actively engaged in the field of urologic research.

**LIFETIME MEMBERSHIP (\$2,375.00 USD One-Time Dues Payment):** Lifetime members shall include active members in good standing who choose to pay a one-time membership dues payment of an amount equal to 25 years at the current annual active member dues rate.

**CORPORATE MEMBERSHIP (\$2,500.00 USD Annual Dues):** Corporate Membership is open to individuals working in businesses, industries and other commercial entities affiliated with urologic research. Any MD, PhD, or other health care professional or scientist who devotes more than 25% of his or her professional activities or time to a commercial or public media entity are eligible for membership in SBUR only as a Corporate member.

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Credential(s): \_\_\_\_\_

Title: \_\_\_\_\_ Institution/Organization: \_\_\_\_\_

Preferred Mailing Address ( Home or  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Mailing Address ( Home or  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  M or  F

**Education:**

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

**Please select three primary fields of research:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Oncology: Prostate | <input type="checkbox"/> 9. Pelvic Pain                 | <input type="checkbox"/> 17. Proteomics                      |
| <input type="checkbox"/> 2. Oncology: Bladder  | <input type="checkbox"/> 10. Urinary Tract Infections   | <input type="checkbox"/> 18. Systems Biology                 |
| <input type="checkbox"/> 3. Oncology: Kidney   | <input type="checkbox"/> 11. Cell and Molecular Biology | <input type="checkbox"/> 19. Lower urinary tract development |
| <input type="checkbox"/> 4. General Urology    | <input type="checkbox"/> 12. Benign Disease: Prostate   | <input type="checkbox"/> 20. Neurourology                    |
| <input type="checkbox"/> 5. Endocrinology      | <input type="checkbox"/> 13. Benign Disease: Bladder    | <input type="checkbox"/> 21. Infertility                     |
| <input type="checkbox"/> 6. Men's Health       | <input type="checkbox"/> 14. Biomarkers                 | <input type="checkbox"/> 22. Regenerative Medicine           |
| <input type="checkbox"/> 7. Stone Disease      | <input type="checkbox"/> 15. Genetics and Genomics      | <input type="checkbox"/> 23. Other: _____                    |
| <input type="checkbox"/> 8. Incontinence       | <input type="checkbox"/> 16. Therapeutics               | _____  |

**Payment Information:** *Per PCI compliance, Credit Card Payments must be faxed to our secure fax: (410) 689-3825.*

Check: Payable to Society for Basic Urologic Research     Credit Card:  Visa     MasterCard     American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Application, Dues, and CV to Society for Basic Urologic Research:**

1000 Corporate Boulevard Linthicum, MD 21090 Fax: (410) 689-3825

If you have questions, contact SBUR at (410) 689-3950 or [info@sbur.org](mailto:info@sbur.org)

Office Use Only:

Date Received:	Date Approved:	Order Number:	ID Number:
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