



APPLICATION FOR MEMBERSHIP

The International Cellular Medicine Society (ICMS) is an independent, nonprofit organization that has been established to advance the field of adult stem cell medicine through the development of global best practice standards that ensure patient safety, facilitate physician education, and provide peer oversight.

ICMS membership is open to those who have embraced the need for standards, transparency and peer oversight to deliver the promise of cell based medicine. By completing the application for membership, you are confirming that you are willing to abide by the professional standards espoused in the *Guidelines* documents for the practice of cell based medicine.

Disclaimer: The use of the ICMS name and/or logo for commercial purposes is expressly prohibited without explicit written permission of the ICMS

PROFESSIONAL MEMBERSHIP

Application for professional membership is open to any person with a medical degree, an advanced or doctoral degree in science who is: 1) engaged in the field of adult stem cell medicine, cell based medicine or adult stem cell research; 2) professionally interested in advancing the field; and 3) agrees to conform to the guidelines and standards of the ICMS.

PHYSICIAN CLINICIAN SCIENTIST BIOENGINEER OTHER: _____

FIRST NAME M.I. LAST NAME DATE OF BIRTH

ACADEMIC DEGREES (INCLUDE INSTITUTIONS AND YEARS)

AFFILIATIONS (INSTITUTION/COMPANY) DEPARTMENT

PRACTICE AREA/AREA OF EXPERTISE

ADDRESS 1

ADDRESS 2

CITY COUNTRY STATE/PROVINCE ZIP/POSTAL CODE

TEL FAX E-MAIL

WEBSITE

I WISH TO BE EXCLUDED FROM PUBLISHED PRINT AND ELECTRONIC DIRECTORIES

RETURN THIS FORM TO:

International Cellular Medicine Society, PO Box 4423, Salem, OR 97301 USA
(503) 884-6590, info@cellmedicinesociety.org, www.cellmedicinesociety.org
(877) 900-7372 - FAX

Federal Tax ID#: 75-2985553



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Membership Details and Payment

Professional Membership 1 YEAR - \$75 USD 3 YEARS - \$200 USD

Voluntary Donation *Please consider a gift in support of the ICMS* \$ _____
TOTAL \$ _____

Check Enclosed --- *Payable to International Cellular Medicine Society*

MasterCard VISA American Express

Cardholder's Name

Credit Card Number _____ Sec Code _____ Exp Date (MM/YY) _____

APPLICANT SIGNATURE _____ **DATE** _____

Contributions and gifts made to the ICMS may be deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense. Consult your tax advisor for further information.

ALL APPLICATIONS MUST INCLUDE CHECK OR CREDIT CARD PAYMENT

If your application for membership is declined, your dues payment will be refunded.

PROFESSIONAL AND CORPORATE APPLICATIONS MUST INCLUDE A RESUME OR CV

Membership Applications that are not accompanied by payment and resume/CV will not be processed.

YOUR INTERESTS AND ACTIVITIES RELATED TO ADULT STEM CELL MEDICINE

1. Are you currently involved in the use of stem cells or other cell based products as part of the practice of medicine? If so, briefly describe the source of the cells (autologous or allogeneic) and how they are being used.

2. Are the stem cells being used cultured?

3. Has your treatment been reviewed and/or approved by an institutional review board? If yes, please list the institutional review board that has approved this treatment.

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