



Washington State Biomedical Association (WSBA) Membership Application

Welcome to the WSBA!

Our goal is to provide educational and professional opportunities to those working and/or interested in the Biomedical Engineering profession. With your membership you will receive our communications, discounts on seminars and symposium programs and provide support for the WSBA's educational programs. Memberships are annual and due January 1 of each year.

PLEASE PRINT

Name: _____ Date: _____

Title: _____

Organization: _____

City: _____ State: _____

* Email Address _____

(Note: email is our primary communication method. Please print carefully!)

Type of Membership (check one):

_____ \$25 Student _____ \$35 Individual _____ \$75 Corporate

*If Corporate, Primary Member Name _____

See BMET.ORG - Bylaws for explanation of memberships.

Make payment to 'WSBA'. Submit completed application and payment to:

**WSBA Box #372
330 SW 43rd Street Ste K
Renton, WA 98057**

-----***For Internal Use Only***-----

Application received date: _____ \$ Received: _____

Payment Method: Cash _____ Check # _____ PO # _____

Treasurer Name: _____ Database updated: _____