



Central States

MEMBERSHIP APPLICATION

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Membership Type _____ Full Member (\$20) _____ Postdoc/Grad Student (\$10) _____ Undergrad (\$0)

Please check the most appropriate responses:

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| <input type="checkbox"/> Yes | <input type="checkbox"/> A.S. | <input type="checkbox"/> M.P.H. | <input type="checkbox"/> Academia |
| <input type="checkbox"/> No | <input type="checkbox"/> B.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Consulting |
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Please complete the information above and send with a check, money order or credit card (payable to [Central States Chapter], no POs) to the address below. Central States SOT will review your application and notify you within 30 days. Those not accepted will receive a full refund. Current CS-SOT members: please do not use this form because your renewal dues are billed annually through SOT.

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