EPM Society Application for Membership/Renewal

Membership Classification:
Active: _____ Sustaining: _____ Subscriber: _____ Student: _____

Member Information:
Name: ___________________________________ Title: __________________
Academic Degree(s): ____________________________
Institutional/Business Affiliation: ____________________________
Mailing Address (Lab/Office): ____________________________
Phone: ___________________________ Fax: ___________________________
E-mail: _____________________________
Signature: ___________________________ Date: _______________________

Sustaining Membership – Information:
Company Name: ____________________________
Company Address: ____________________________
Contact Name: ___________________________ Contact Phone: ___________________

Return To:
EPM Society
Attn: Dr. Jennifer Morrow
1501 Bull Lea Road, Suite 104
Lexington, KY 40511
(859) 288-5255
jmorrow@edslabky.com

The dues year runs from January 1 - December 31. In order to be considered for membership, complete the attached application and submit it with a check (Active or Subscriber $40.00; Sustaining $250.00, US currency).