



International Society of Exposure Analysis

Membership Application

Received _____
Amount _____
Pay Type _____

Name _____ Degree _____

Organization _____

Department _____

Business Address _____ (please note if this is a home address)

City/Town _____ State/Country _____ Zip/Postal Code _____

Telephone _____ Fax _____

E-Mail Address _____ (please print clearly)

Address for Journal mailing and membership correspondence (if different from above)

Street _____ (please note if this is a home address)

City/Town _____ State/Country _____ Zip/Postal Code _____

ANNUAL MEMBERSHIP (JANUARY-DECEMBER)

- U.S. and International (U.S. \$120) Student (U.S. \$40) Emeritus (U.S. \$40 - must be retired from profession; does not include journal subscription)

PAYMENT OPTIONS – CHECKS ARE PREFERRED

- Check or Money Order** payable to *International Society of Exposure Analysis* (In U.S. dollars drawn on a U. S. bank)
- VISA** **MasterCard**
- Cardholder Name (if different from above) _____
- Card No. _____ Expiration Date _____ / _____
- Authorizing Signature _____
- International bank wire transfer** Wire transfer fees from the originating and intermediary banks must be paid by the applicant. Please send this application form under separate cover and contact the ISEA Secretariat for wire transfer information.
- Electronic transfer** (on-line bill payment through member's bank). Please contact the ISEA Secretariat (iseamail@jsi.com) for ISEA account information. NOTE: Please return this completed form to ISEA so that your on-line payment is credited accurately and your membership information is current.

Please complete Page 2 →

Name _____

Type of Organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> State or local government | <input type="checkbox"/> Commercial consulting |
| <input type="checkbox"/> National government | <input type="checkbox"/> Non-governmental/Not-for-profit | <input type="checkbox"/> Commercial industry |
| | | <input type="checkbox"/> Other _____ |

Areas of Interest (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Analytical Methods | <input type="checkbox"/> Green Technologies | <input type="checkbox"/> Policy and Planning |
| <input type="checkbox"/> Bionomic Tools | <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Built Environment | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Public Outreach/Communication |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> International Health and Development | <input type="checkbox"/> Risk Analysis |
| <input type="checkbox"/> Environmental Epidemiology | <input type="checkbox"/> Life Cycle Analysis | <input type="checkbox"/> Social and Behavioral Sciences |
| <input type="checkbox"/> Environmental Medicine | <input type="checkbox"/> Mechanisms of Environmental Disease | <input type="checkbox"/> Source Apportionment |
| <input type="checkbox"/> Exposure/Dose Reconstruction | <input type="checkbox"/> Medical Surveillance | <input type="checkbox"/> Susceptible Subpopulations |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Microbial Exposure & Risk Assessment | <input type="checkbox"/> Theoretical Exposure Science |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Multi-Chemical, Multi-Pathway Exposure | <input type="checkbox"/> Transportation and Safety |
| | | <input type="checkbox"/> Other _____ |

Agent Specialties (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Fungi | <input type="checkbox"/> Manganese | <input type="checkbox"/> Rodenticides |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Fungicides | <input type="checkbox"/> Mercury | <input type="checkbox"/> Particulate matter |
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Heavy metals | <input type="checkbox"/> Nitrogen oxides | <input type="checkbox"/> Perchlorate |
| <input type="checkbox"/> Biocides | <input type="checkbox"/> Insecticides | <input type="checkbox"/> Non-ionizing radiation | <input type="checkbox"/> Sulfur dioxide |
| <input type="checkbox"/> Carbon dioxide | <input type="checkbox"/> Ionizing radiation | <input type="checkbox"/> Ozone | <input type="checkbox"/> Virus |
| <input type="checkbox"/> Carbon monoxide | <input type="checkbox"/> Lead | <input type="checkbox"/> PAH | <input type="checkbox"/> Volatile organic compounds |
| <input type="checkbox"/> CCA | <input type="checkbox"/> MTBE | <input type="checkbox"/> Radon | <input type="checkbox"/> Other _____ |

Area Specialties (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Ambient air pollution | <input type="checkbox"/> Genomics | <input type="checkbox"/> PBPK modeling |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Percutaneous absorption |
| <input type="checkbox"/> Atmospheric chemistry | <input type="checkbox"/> Hydrogeology | <input type="checkbox"/> Pharmacokinetics |
| <input type="checkbox"/> Biological markers | <input type="checkbox"/> Immunologic disease | <input type="checkbox"/> Proteomics |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Indoor air quality | <input type="checkbox"/> Reproductive disorders |
| <input type="checkbox"/> Congenital disorders | <input type="checkbox"/> Macro-activity patterns | <input type="checkbox"/> Respiratory disease |
| <input type="checkbox"/> Dermal exposure | <input type="checkbox"/> Meteorology | <input type="checkbox"/> Surface sampling |
| <input type="checkbox"/> Developmental disorders | <input type="checkbox"/> Micro-activity patterns | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Cardiopulmonary disease | <input type="checkbox"/> Mobile sources | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Exposure factors | <input type="checkbox"/> Mutagenicity | <input type="checkbox"/> Water quality |
| <input type="checkbox"/> Exposure models | <input type="checkbox"/> Neurological disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Field studies | <input type="checkbox"/> Occupational settings | |

Media Specialties (Check all that apply):

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Air, ambient | <input type="checkbox"/> Dust, indoor | <input type="checkbox"/> Soil | <input type="checkbox"/> Water, tap |
| <input type="checkbox"/> Air, indoor | <input type="checkbox"/> Food/diet | <input type="checkbox"/> Water, ground | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Building materials | <input type="checkbox"/> Human specimens | <input type="checkbox"/> Water, surface | |

Please mail or fax completed 2-page form along with payment to:
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