**Membership Application Form – 2017**

**Please complete this form and return it to the SRF Secretariat by email to** **srf@conferencecollective.co.uk** **or to the postal address above**

**Title** Prof □ Dr □ Mr □ Mrs □ Ms □ Miss □ (please tick)

**Surname**…………………………………………………………………. **Forename**……………………………………………………………….

**Company/Organisation**………………………………………………………………………………………………………………………………

**Department**..................................................................................................................................................................................................

**Address**.........................................................................................................................................................................................................

**County/State**...................................................**Postcode/Zip** ..................................**Country**.................................................................

**Telephone**........................................................................................ **Email Address**......................................................................

□ Please tick if you do NOT wish your contact details to be published on the website

**Occupation**

□ Academic □ Researcher □ Scientist

□ Student □ Unemployed □ Retired

□ Other (please specify)………………………………………………………………………………………………………………….

**If you are currently a PhD student, please provide the name of your Supervisor below:**

………………………………………………………………………………………………………………………………………………..

**Please list all relevant academic qualifications including subject area:**

………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………..Year of PhD award (if applicable) …………………………….

**Please state your reasons for wishing to join the Society (Maximum 50 words)**

………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………..

**I wish to apply for:** Statutory/Non Statutory Membership (please select required category)

*Statutory members of the Society have the right to take part in elections of Council Members and to attend and vote at General Meetings. They are ineligible to apply for grants from the Society. Non Statutory members cannot take part in elections of Council members. They can attend, but not vote, at General Meetings. They are eligible to apply for grants from the Society. All members can attend scientific meetings.*

**2017 Options – Please tick GBP**

□ SRF Full Membership £55

□ SRF Early Career Membership\* £35

□ SRF Retired Membership\*\* £35

**PLEASE RE-INSERT APPLICANT NAME HERE:………………………………………………**

ALL members receive online access to the Society’s Journal *Reproduction as a membership benefit. Members who wish to opt in to also receiving a printed copy are entitled to subscribe at the reduced rates below and can subscribe at the point of acceptance and paying their subscription fee.*

Reproduction Print [Full Member] £200

Reproduction Print [Early Career Member] £150

Reproduction Print [Retired Member] £150

**Proposer and Supporting Member details** (this information will be used to request a reference from your proposer and from a supporting member in order for your application to proceed). **If you cannot provide details of a Proposer and/or Supporting Member, please contact the Secretariat**

**Proposer** (an active member of the Society)

 **Name**………………………………………………………………………. **Position**…………………………………………………………………………

 **Email Address**…………………………………………………………. **Member Number** (if known)………………………………………………

 **Supporting Member** (an active member of the Society)

 **Name**………………………………………………………………………. **Position**…………………………………………………………………………

 **Email Address**…………………………………………………………. **Member Number** (if known)………………………………………………

**Early Career Member Declaration**

(If you are applying for membership at the Early Career Member rate your Head of Department/Supervisor MUST sign the declaration below to confirm your eligibility):

I confirm that the person named overleaf is a non-salaried, pre-doctoral/post-doctoral student and as such is eligible for membership of the SRF at the Early Career Member Rate. I also support his/her application to Reproduction (print) for 2017 at the SRF Early Career Member Rate.

 **Name of HOD/Supervisor** (please print)………………………………………………………………………………………………………………

**Signature**………………………………………………… **Expected Course Completion Date (if applicable)**…………………

**Date**……………………..

**THE NEXT STEP:**

**THANK YOU FOR YOUR APPLICATION**

**Please return this form to Society for Reproduction & Fertility via email** **srf@conferencecollective.co.uk**

or by post to **SRF Secretariat
c/o The Conference Collective Ltd, 8 Waldegrave Road, Teddington, Middlesex, TW11 8GT, UK**

**The Secretariat will contact you once the Membership Committee has reviewed your application.**

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