

**BIOETHICS NETWORK OF OHIO
NEW INDIVIDUAL MEMBERSHIP FORM**

\$ _____ INDIVIDUAL MEMBERSHIP, Professional: \$45 or,

\$ _____ INDIVIDUAL MEMBERSHIP, Professional: 2 years, \$80

\$ _____ INDIVIDUAL MEMBERSHIP, Student: \$20

Individual Member benefits include a subscription to *BIO Quarterly*,
an annual Membership Directory, & discounted registration fee for
the annual conference.

\$ _____ TOTAL Amount Enclosed. Make Check Payable to "BENO."

NAME _____ Degree(s) _____

INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

PLEASE NOTE: This information will appear in the membership directory.
You may leave fields blank if you do not want that information printed.

NOTE: Membership is based on the calendar year. However, if you join in
the last quarter of a year, your membership will run through the next full
calendar year as well.

**PLEASE RETURN TO:
BENO, PO BOX 181356, CLEVELAND HTS, OH 44118**