

DYSPHAGIA RESEARCH SOCIETY

Membership Application 2010

This information is used for Society correspondence and will be printed in the annual directory.
Please PRINT for accuracy.

Name: _____

Degree(s): _____

Gender: Male Female

Contact Information:

(Please provide both home and office info and check preferred contact)

Home

Office

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Check here to have your contact information omitted from the DRS membership online directory

Specialties (please check)

Dentistry

Nutrition

Physiology

Engineering

Occupational Therapy

Psychology

Gastroenterology

Otolaryngology – Head/Neck

Radiology

Neurology

Pediatrics

Speech Language Pathology

Nursing

Physical Medicine and Rehabilitation

Other _____

Applying for: _____ Full Membership* - \$220.00 _____ Associate Membership - \$170.00
_____ Student/Trainee Membership - \$ 50.00

DUES ENCLOSED \$ _____

**Please note that the membership fee for Full Membership and Associate Membership includes both the online and printed version of the DRS journal, Dysphagia.*

Please make your check payable to the *Dysphagia Research Society*. Checks or bank drafts, in U.S. dollars, must be drawn on a U.S. bank.

Credit Card Payments: _____ American Express _____ MasterCard _____ Visa

Card Number _____ Security Code (3-4 digits) _____ Expiration Date _____

(Note that the charge will appear on your statement as payable to DRS.)

Signature _____

Send completed form, your curriculum vitae* and fee to:

Dysphagia Research Society

4550 Post Oak Place, Suite 342 • Houston, TX 77027 • Phone: 713-965-0566 • Fax: 713-960-0488

**Full members need to show at least one article published in a peer-reviewed journal*