



P.O. Box 103 Swannanoa, NC 28778 800-710-1539 ext. 2 <http://mbacb.com> [MedBFB@gmail.com](mailto:MedBFB@gmail.com)

## Charter Membership Application

Name \_\_\_\_\_ License # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

License Name \_\_\_\_\_ Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Business Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

I am interested in:

\_\_\_\_\_ Peer reviewing one research article for our Journal the next calendar year

\_\_\_\_\_ Volunteering staff time to mentor a member with a new technician

\_\_\_\_\_ Volunteer to serve on the Association Ethics Committee

\_\_\_\_\_ Volunteer to serve on the Association Grievance Committee

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your application and check for \$495 US to:

MBACB

PO Box 103

Swannanoa, NC 28778

Or email your completed application to [MedBFB@gmail.com](mailto:MedBFB@gmail.com) and pay by credit card over our secure and confidential credit card gateway at: <http://IPXServices.com/MBACB/fees.html>