



MBACB Membership Application with Insurance

Name _____ License # _____

Company _____

Address _____

City _____ State/Province _____ ZIP _____ Country _____

License Name _____ Number _____

License Expiration Date _____

Business Phone _____ Home Phone _____ Cell Phone _____

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 1256, Candler, NC 28715

Or pay by credit card over our secure and confidential credit card gateway

<http://IPXServices.com/MBACB/fees.html>