



Please print in English

Membership dues are annual and based on the calendar year (January 1-December 31)

FIRST AND LAST NAME

TITLE

ORGANIZATION

STREET ADDRESS

CITY/STATE/ZIP CODE/COUNTRY

PHONE

JOURNAL NAME

WEBSITE

EMAIL

SECONDARY EMAIL

(STUDENTS ONLY) NAME OF UNIVERSITY & ACADEMIC DEPARTMENT

INDIVIDUAL \$150

STUDENT \$50 *(Student applicants are asked to submit a letter from their program director on school letterhead stating that they are a full-time student in good standing. Please send letter to info@ISMTE.org.)*

HOW DID YOU HEAR ABOUT US?

PERSONAL REFERRAL NAME: _____

WEBSITE ISMTE EVENT COLLEAGUE EMAIL FACEBOOK TWITTER

OTHER (PLEASE SPECIFY): _____

MEMBERSHIPS IN OTHER ORGANIZATIONS

AAAS COPE CSE EASE SSP

OTHER (PLEASE SPECIFY): _____



(SELECT ALL THAT APPLY)

1. AREAS OF INTEREST

<input type="checkbox"/> Asia-Pacific Conference
<input type="checkbox"/> Awards
<input type="checkbox"/> Communications/ Marketing
<input type="checkbox"/> <i>Editorial Office News (EON)</i> (ISMTE's Monthly Publication)
<input type="checkbox"/> European Conference
<input type="checkbox"/> Local Groups
<input type="checkbox"/> Membership
<input type="checkbox"/> North American Conference
<input type="checkbox"/> Posters
<input type="checkbox"/> Professional Development
<input type="checkbox"/> Partnerships with Peer Organizations
<input type="checkbox"/> Social Media
<input type="checkbox"/> Website Optimization
<input type="checkbox"/> None

2. EDITORIAL ROLE

<input type="checkbox"/> Associate Editor
<input type="checkbox"/> Copy Editor
<input type="checkbox"/> Director of Publishing
<input type="checkbox"/> Editorial Assistant/Coordinator
<input type="checkbox"/> Editor-in-Chief
<input type="checkbox"/> Graphic Designer
<input type="checkbox"/> Managing Editor
<input type="checkbox"/> Manuscript Editor
<input type="checkbox"/> Medical Illustrator
<input type="checkbox"/> Online Editor
<input type="checkbox"/> Production Editor
<input type="checkbox"/> Proofreader
<input type="checkbox"/> Technical Editor
<input type="checkbox"/> Writer
<input type="checkbox"/> Vendor
<input type="checkbox"/> None of the Above

3. ELECTRONIC MANUSCRIPT MANAGEMENT

<input type="checkbox"/> Allen Press	<input type="checkbox"/> ESphere
<input type="checkbox"/> Bench Press	<input type="checkbox"/> Rapid Review
<input type="checkbox"/> Editorial Manager	<input type="checkbox"/> Scholarone
<input type="checkbox"/> EJournalPress	<input type="checkbox"/> None of the Above

4. TYPE OF JOURNAL

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Medicine
<input type="checkbox"/> Business, Finance & Economics	<input type="checkbox"/> Nursing/Allied Health
<input type="checkbox"/> Humanities	<input type="checkbox"/> Science
<input type="checkbox"/> Law & Criminology	<input type="checkbox"/> Technology
<input type="checkbox"/> Math & Statistics	<input type="checkbox"/> Veterinary Aquaculture

PAYMENT OPTIONS CHECK ENCLOSED AMERICAN EXPRESS VISA MASTERCARD DISCOVER

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE (MM/YY)

CVV CODE

SIGNATURE

E-MAIL APPLICATION TO: info@ISMTE.org

OR

MAIL APPLICATION TO:

**International Society of Managing & Technical Editors
275 N. York Street, Suite 401 • Elmhurst, IL 60126 USA**