O|B|F – Open Bioinformatics Foundation

Membership Application

I wish to apply for membership in the Open Bioinformatics Foundation (O|B|F).

First and Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Country of Residence: _____

Email Address: _____

All fields are mandatory. The O|B|F will treat all personal information as strictly confidential and will not share personal information with anyone except members of the O|B|F Board of Directors, or entities or persons appointed by the Board to administer membership communication. This may be subject to change; please see below.

I am an attendee of BOSC 201___: ☐ Yes   ☐ No

If you answered No, please state why you meet the membership eligibility requirement of being interested in the objectives of the O|B|F:

(Use back of page if you need more space)

I understand that membership rights and duties are laid down in the O|B|F Bylaws which may be downloaded from the O|B|F homepage at http://www.open-bio.org/. I understand that if the O|B|F's privacy statement changes I will be notified at my email address (as known to O|B|F), and if I do not express disagreement with the proposed change(s) by terminating my membership within 10 days of receipt of the notification, I consent to the change(s).

_____
Signature