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 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.)

I am an attendee of BOSC 200__: ☐ 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/.

_____
(Signature)