



APPLICATION FOR MEMBERSHIP
(PLEASE TYPE OR PRINT LEGIBLY)

Name _____

Home Address _____
(Street)

(City) (State) (Postal Code) (Country)

Telephone _____
(Home) (Office) (Fax)

E-Mail: _____

Level of Membership (Circle one): Level 1 Level 2 Level 3

Special interest(s):

Your reason(s) for wanting to join the Global Shark Attack File:

Research, field work (vocational and/or avocational); for each listing, include dates; objectives; sponsoring institution, if any; your specific role; results; how information was utilized or disseminated:

Members of the Global Shark Attack File whom you know:

Present occupation, profession or position title:

Previous positions held, if relevant to GSAF objectives:

Educational background (list colleges, universities, degrees):

Honors, awards, recognitions:

Membership in scientific institutions, societies, etc.:

Lectures presented, seminars conducted, etc.:

Publications (books, articles, papers, shark bite cases investigated):

*You may use additional sheets to supply any further information that you believe may be relevant.
Also, copies of publications, articles, etc. may be enclosed.*

Terms of agreement: By applying for membership in the GSAF, I agree to abide by the organization's code of conduct: The Adobe Acrobat pdf individual case files may be viewed by Members only. No GSAF case file may be printed or reproduced without written permission of the GSAF in order to protect those researchers who may be publishing papers or books based on the cases they have submitted. Reproduction of any GSAF material without written permission of GSAF will result in permanent termination of membership with forfeiture of fees paid and legal proceedings.

Signature _____ Date _____

Please note: If membership fees are paid by check, payment must be in US funds.

If paying by credit card: Card Number: _____ - _____ - _____ - _____

Expiration date: ____/____

Billing address (if different than mailing address): _____

Mail completed application to: Global Shark Attack File
P.O. Box 40
Princeton, NJ 08540
USA

* * *

Office use only:

Accepted for Membership: _____ Date: _____

User ID assigned to Member: _____ Member's password _____

Password assigned: _____