

Ohio Bioinformatics Consortium (OBC) Membership Application

I wish to apply for membership in the Ohio Bioinformatics Consortium

First and Last Name: _____

Affiliation: _____

Street Address: _____

City, State, Zip Code: _____

Country of Residence: _____

Email Address: _____

All information fields are mandatory. The OBC will treat all personal information as strictly confidential and will not share personal information with anyone except members of the OBC or entities or persons appointed by the coordinators and/or steering committee to administer membership communication.

I am an attendee of the Ohio Collaborative Conference on Bioinformatics (OCCBIO).

Yes No

If you answered No, please state why you meet the membership eligibility requirement of being interested in the objectives of the OBC. (Please see the OBC mission statement available at: <http://www.ohioinformaticsconsortium.org>.)

I understand that if the OBC privacy statement changes I will be notified at my email address (as known to OBC), 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).

Submit your completed form by email attachment to:

Lonnie Welch welch@ohiou.edu

Terry Lewis terry@osc.edu