



## West Virginia Network of Ethics Committees

### 2019 Membership Form

I would like to join the West Virginia Network of Ethics Committees as an individual member for the annual membership fee of \$25.00 per year for 2019.

Name: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Return this form with your check by **March 1, 2019** payable to:

#### **West Virginia Network of Ethics Committees**

1195 Health Sciences North  
P.O. Box 9022  
Morgantown, WV 26506-9022

**Please be sure to include an e-mail address where you can receive conference brochures, newsletters, and e-mail announcements. To be more cost effective and environmentally friendly, we will be sending all of this communication via e-mail.**