2024 Individual 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. | |
|--|------------------|
| Name: | Amount Enclosed: |
| Institution: | |
| Address: | |
| Phone: | |
| FAX: | |
| E-Mail: | |

Return this form with your check by **April 1, 2024** payable to:

West Virginia Network of Ethics Committees

64 Medical Center Drive 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 materials and communications via e-mail.