BIOMEDICAL SCIENCES ASSOCIATION

2016-2017 MEMBERSHIP FORM

Complete this form each time you pay annual dues or reactivation fees. Annual dues ($40) cover membership for one school year (fall through summer) and must be paid every fall. If a member becomes inactive during the school year for which dues have been paid, a reactivation fee ($10) may be paid to remain active for the duration of the school year.

PLEASE PRINT CLEARLY

**Name:** **UIN:**

**Classification:** (circle one) Freshman Sophomore Junior Senior

**Branch of Interest:** (circle one) Veterinary Medicine Human Medicine

**Email Address:**

**Cell Phone:**

**Permanent Address:**

**City: State: Zip:**

Make check or money order out to “BSA”. We cannot accept cash or credit card. Money orders or cashier’s checks may be obtained at gas stations, grocery stores, post offices, and your bank.

Include the following information on your check or money order:
 - the payee (BSA)
 - the amount paid (both written out and in numbers)
 - what you are paying for (i.e. annual dues or reactivation)
 - your signature (do not sign the back)
 - the member’s legibly-printed name
 - your full address (including city, state, zip)

* *See page 2 to grant BSA permission to use your likeness in BSA-related media.*

**FOR OFFICE USE ONLY:**
Date paid:
Amount:
Check/MO #:
Received T-shirt:
Missed Deadline:
Annual Dues:
Reactivation:

**Image Release**

1. I authorize Texas A&M University and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M will own these recordings.
2. I irrevocably authorize Texas A&M and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Texas A&M, its regents, employees, and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faculty mechanical reproductions.
5. I understand that I will not be compensated for any use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily. (If under age 18, a parent or guardian must sign).

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Printed Name Date

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Signature