

**MEMBERSHIP APPLICATION  
UNIVERSITY FUSION ASSOCIATION**

2005

University research community colleagues are welcome to join at any time during the year. We request a yearly donation of \$15, payable by check. These dues cover incidental costs incurred by the organization in its activities in support of university research in fusion plasma science.

**Application form:**

**Name:** \_\_\_\_\_

**Degree(s):** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Postal address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

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

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

Send application to:

**Michael Brown  
Physics Department  
500 College Ave.  
Swarthmore College  
Swarthmore, PA 19081**

Phone: (610) 328-8648

FAX: (610) 328-7895

doc@swarthmore.edu