



Membership Application – WEB2009

Please Complete All Sections:

Section 1: Application Details

Application for:

- Regular Membership
- Affiliate Membership
- Graduate Student – Expected Date of Graduation: _____
- Undergraduate Student - Year: Fr Soph Jr Sr

Section 2: Source

How did you hear about ASPET:

- Meeting _____
- ASPET Journal _____
- Mentor _____
- Other _____

Section 3: Personal Information

Name:

Institution:

Address:

Telephone:

Fax:

Email:

Section 4: Optional Demographics (Not Required)

Date of Birth: _____

Sex: Female Male

- Ethnicity: Asian
- Black or African American
- American Indian or Alaskan Native
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other: _____

The information in this section will be used by ASPET to collate statistics and will be kept private. Completion of this section is voluntary.

Section 5: Sponsors (Must be an ASPET Member)

Name and email of your sponsor:

Please have your sponsor send us a brief letter or e-mail outlining your qualifications for Membership in ASPET to the Membership Coordinator, Robert Phipps, (rhipps@aspet.org).

Section 6: Division Selection

Divisions: *Division membership is a benefit of ASPET membership and there is no additional charge to belong to a division. It is highly recommended that you join a division so that you may take full advantage of Society participation. Joining a division allows you to participate in creating the scientific program for the annual meeting, network with people in your field at mixers and divisional programs, and receive special notices and newsletters about items and activities of interest in your field. Be sure to pick a division!*

Indicate primary (1) and as many secondary (X) divisions to which you wish to belong:

- | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Division for Behavioral Pharmacology | <input type="checkbox"/> Division for Integrative Systems, Translational & Clinical Pharmacology |
| <input type="checkbox"/> Division for Cardiovascular Pharmacology | <input type="checkbox"/> Division for Molecular Pharmacology |
| <input type="checkbox"/> Division for Drug Discovery, Development & Regulatory Affairs | <input type="checkbox"/> Division for Neuropharmacology |
| <input type="checkbox"/> Division for Drug Metabolism | <input type="checkbox"/> Division for Pharmacology Education |
| | <input type="checkbox"/> Division for Toxicology |

Section 7: Curriculum Vitae

Regular, Affiliate, and Graduate Student applicants: Please send your *Curriculum Vitae* (including bibliography) by email to the Membership Coordinator, Robert Phipps, (rhipps@aspet.org).

Undergraduate Student Applicants Only:

Current Education :

Expected Degree & Date:

School:

City/State/Country:

Major Field:

Applications are reviewed on a rolling basis. Please DO NOT submit payment with your application.

Upon membership approval, you will be sent a dues statement and welcome package.

Student Membership is FREE for the first year.

Call or e-mail the ASPET Membership Department for additional information: 301-634-7135 / rhipps@aspet.org.