



American Society for Pharmacology & Experimental Therapeutics

1801 Rockville Pike | Suite 210 | Rockville | MD | 20852-1633

**2021 MEMBERSHIP APPLICATION – CATEGORY II DEVELOPING COUNTRY**

Prefix:	<b>**First Name (Given Name):</b>	Middle Name:	<b>**Last Name (Family Name) and Suffix:</b>
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ADDRESS TYPE:     Business Address     Home Address

<b>**Institution/Company:</b>	<b>Dept/Div:</b>
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**Street/PO:**

<b>City:</b>	<b>State/Province :</b>	<b>Zip/Postal Code:</b>	<b>Country:</b>
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Telephone:	Fax:
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<b>**Business Email:</b>	<b>**Personal Email:</b>
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**MEMBERSHIP TYPES and DUES (Term January 1st – December 31st)**

<b>**Regular Member</b> <input type="radio"/> \$50	<b>**Affiliate Member</b> <input type="radio"/> \$50	<b>**Postdoctoral Member</b> <input type="radio"/> \$50	<input type="radio"/> Graduate Student <input type="radio"/> Post-baccalaureate <input type="radio"/> \$15	<b>Undergraduate Student</b> <input type="radio"/> \$5
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**GDPR:** By filling out this form you consent to ASPET contacting you about membership and other ASPET opportunities and programs. Please initial your consent: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION & PROFESSIONAL PROFILE**

<b>Current Professional/Academic Degree(s):</b>	<b>Professional Title:</b>	<b>Date of Birth:</b> _____ <small>Month / Day / Year</small>	<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female
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<b>Race of Ethnic Affiliation (voluntary)</b> <input type="checkbox"/> African American /Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Eskimo /Aleut <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other _____ <input type="checkbox"/> White /Caucasian	<b>Institution Type</b> <input type="checkbox"/> Academia <input type="checkbox"/> Private Practice <input type="checkbox"/> Consultant <input type="checkbox"/> Other <input type="checkbox"/> Government <input type="checkbox"/> Industry
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**STUDENTS ONLY - EDUCATION INFORMATION**

<input type="radio"/> Undergraduate <input type="radio"/> Graduate/Post-baccalaureate <input type="radio"/> Medical	<b>Sponsor's/Mentor's Name and Title:</b>
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<b>**Anticipated date of graduation:</b>	<b>Sponsor's Email Address:</b>
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<b>**Anticipated Degree:</b>	<b>Institution and Department/Division:</b>
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**DIVISION SELECTION**

**Division membership is a benefit of ASPET: Choose one primary (1) and as many secondary (X) divisions to which you wish to belong.**

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| <input type="checkbox"/> Division for Behavioral Pharmacology<br><input type="checkbox"/> Division for Cancer Pharmacology<br><input type="checkbox"/> Division for Cardiovascular Pharmacology<br><input type="checkbox"/> Division for Drug Discovery & Development<br><input type="checkbox"/> Division of Drug Metabolism and Disposition | <input type="checkbox"/> Division for Molecular Pharmacology<br><input type="checkbox"/> Division for Neuropharmacology<br><input type="checkbox"/> Division for Pharmacology Education<br><input type="checkbox"/> Division for Translational & Clinical Pharmacology<br><input type="checkbox"/> Division for Toxicology |
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**PAYMENT INFORMATION**

Dues:	\$ _____	Credit Card Number	Expiration Date (Month/Year)
Total Payment:	\$ _____	Name of Cardholder (please print):	<b>CVV2</b>
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Check		Billing Address	
Please enclose a check or money order made payable to "ASPET" in U.S. funds only, drawn on a bank with U.S. branch, or complete credit card information to the right.		Signature <small>Your signature authorizes your credit card to be charged for the Total Payment. ASPET reserves the right to charge the correct amount if different from the Total Payment amount.</small>	

**Source Code: WEB**

**\*\*Required Field**

## MEMBERSHIP CATEGORIES

### Regular Members

Any qualified investigator who has conducted and published a meritorious original investigation in pharmacology shall be eligible for membership in the Society. An individual who holds an earned doctoral degree (Ph.D., M.D., or equivalent) is considered a qualified investigator. Exceptions may be made for someone who does not meet the degree requirement but who has made major original research contributions to pharmacology. **Documentation to support application:** *Curriculum Vitae* including a list of your publications with biographic references.

### Postdoctoral Members

Any qualified person who has received their Ph.D. or equivalent degree in pharmacology or a related field within the past five years is eligible for Postdoctoral membership. Postdoctoral members will receive the same benefits as Regular members, including the right to vote in ASPET elections. Individuals may remain in the Postdoctoral Membership category for a maximum of five (5) years from the date of receipt of their PhD (or equivalent) degree after which time they must upgrade to Regular Membership. ***Please note that the same membership criteria apply for Postdoctoral Members as for Regular Members, including having published a meritorious original investigation in pharmacology.***

### Affiliate Members

Any qualified person who is engaged in the study of problems in pharmacology but does not meet the requirements for Regular Membership may be eligible for Affiliate Membership. Affiliate members may later be proposed for Regular Membership, upon meeting the requirements. Affiliate Members include representatives in the following careers: faculty members who have made their contribution in teaching; productive research team members who have not published a meritorious original publication; administrators in government, industry, universities, or other organizations who do not have sufficient independent research. Applicants for Affiliate membership will no longer need to be sponsored by an ASPET member. **Documentation to support application:** *Curriculum Vitae* including a list of your publications with biographic references.

### Graduate Student Members

**1. Graduate students:** Persons who are enrolled in graduate or professional degree programs, and who have an interest in pharmacology. Upon completion of their research degree requirements, graduate students must upgrade to another membership category such as Postdoctoral, Regular, or Affiliate member.

OR

**2. Post-baccalaureate:** Persons who are less than 3 years past receipt of their bachelor's degree and engaged in post-baccalaureate training or professional development, and who have an interest in pharmacology. Post-baccalaureate members may retain this status for up to 3 years or until they enroll in a graduate or professional degree program. Post-baccalaureate members who no longer meet these eligibility requirements must notify ASPET staff they have enrolled in a degree program or move to another membership category.

**Students enrolled in graduate or professional degree programs shall be voting members; Post-baccalaureate shall be non-voting. Applicants must be sponsored by one (1) Regular, Postdoctoral, Affiliate or Retired ASPET member, OR by their mentor or department chair.**

### Undergraduate Student Members

Persons who are enrolled in undergraduate degree programs and who have an interest in pharmacology, are eligible for Undergraduate Student membership, which shall be non-voting. **Applicants for Undergraduate Student membership must be sponsored by one (1) Regular, Postdoctoral, Affiliate, Retired member, or by their department chair or ASPET SURF Program Director.**

**Submit completed Membership Application, supporting documentation and payment:**

**By Mail to:**

ASPET Membership Department  
1801 Rockville Pike, Suite 210  
Rockville, MD 20852-1633

**By Fax to:**

(301) 634-7061

**By Email to:**

membership@aspet.org