



# STUDENT MEMBERSHIP RENEWAL

January 2012 - December 2012

TAX INVOICE: ABN 78 008 461 354

## Contact details

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Job title \_\_\_\_\_ Fax \_\_\_\_\_  
 Department & Institution \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Include details on ASCEPT website? Yes  No   
 Country \_\_\_\_\_

## Application

I hereby apply for Full membership of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. If elected, I agree to abide by the Constitution of the Society and the pay the Annual Subscription so long as I shall remain a member.

\_\_\_\_\_  
Applicant Signature

**Nominator (must be a current financial member of ASCEPT)**

I, \_\_\_\_\_, propose the above applicant for membership.

\_\_\_\_\_  
Nominator Signature

## ASCEPT Special Interest Groups (SIGs)

ASCEPT members have many diverse interests and so have formed Special Interest Groups to acknowledge these strengths, to enhance the cohesion of the Society and to promote and advance the study and application of pharmacology and toxicology in its broadest context. Please indicate which SIGs you wish to join.

<input type="checkbox"/> Education Forum	<input type="checkbox"/> Clinical pharmacology/therapeutics	<input type="checkbox"/> Pharmacogenomics	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Drug Disposition	<input type="checkbox"/> Urogenital & Gastrointestinal Pharmacology	<input type="checkbox"/> Drug Discovery	<input type="checkbox"/> Cardiovascular

General <input checked="" type="checkbox"/> Please tick	Research	Education	Clinical	Other Societies
<input type="checkbox"/> Subscribe to ASCEPT e-news <input type="checkbox"/> Main focus pharmacology <input type="checkbox"/> Main focus toxicology <input type="checkbox"/> Equal focus on both pharmacology and toxicology <input type="checkbox"/> Available for consultancy Expertise in _____	Please list your research interests	Please list areas of teaching	Please list your clinical interests	Please list other memberships

## Annual Subscription

All payments must be made in Australian dollars. If payment is made by bank transfer, **all fees must be paid by the remitter.**

	<b>Australia</b>	<b>Overseas</b>	
Member	<input type="checkbox"/> \$82.50*	<input type="checkbox"/> \$75.00	*includes GST

<input checked="" type="checkbox"/> Cheque (AUD) to ASCEPT enclosed	<input checked="" type="checkbox"/> Please charge this credit card (VISA/Mastercard) AUD\$
<input checked="" type="checkbox"/> EFT deposit made on _____ / _____ /2012	
Account name: ASCEPT Secretariat Bank: NAB BSB: 083-232 Account No: 17-115-2391 SWIFT CODE: MACQAU2S <b>EFT Reference - please insert surname</b>	Card type _____ Expiry _____
	Number _____
	Name _____
	Signature _____
	Cardholder Email _____

This notice becomes a Tax Invoice on receipt of payment – please keep a copy.  
 This Tax Invoice has been issued by CLEMS on behalf of ASCEPT (ABN 78 008 461 354)