



MEMBERSHIP RENEWAL FORM

January 2010 - December 2010

Due March 31, 2010

email: ascept@clems.com.au

website: www.ascept.org

Contact details

Name _____	Telephone _____
Job title _____	Fax _____
Institution _____	E-mail _____
Address _____	

_____	Year highest degree awarded _____
City _____ State _____ Postcode _____	Honours Masters PhD (please circle one)
Country _____	Include details on ASCEPT website? Yes <input type="checkbox"/> No <input type="checkbox"/>

Member information and interests

General	Research	Education	Clinical	Other Societies
<input checked="" type="checkbox"/> Please tick <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

Special interest groups (SIG)

Please tick all SIGs you wish to be a member of

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Education | <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 |

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.

	Australia	Overseas		*Includes GST
Member	<input type="checkbox"/> \$137.50*	<input type="checkbox"/> \$125.00		
Student member	<input type="checkbox"/> \$68.75*	<input type="checkbox"/> \$62.50	If student, what year will your course finish? _____	

<input checked="" type="checkbox"/>	Cheque (AUD) to ASCEPT enclosed	<input checked="" type="checkbox"/>	Please charge this credit card AUD		
	Direct deposit made on ____/____/10		Card type	Expiry	
	Account name: tba		Number		
	Bank:		Name		
	Account No:		Signature		
	Reference: insert surname		Cardholder Email		

TAX INVOICE

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)

ASCEPT Secretariat

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Office use

Received
 Entered
 Finance

Confirmation