



MEMBERSHIP APPLICATION FORM

January 2009 - December 2009

email: ascept@meetingsfirst.com.au
website: www.ascept.org

Contact details

Name _____ Telephone _____
 Job title _____ Fax _____
 Institution _____ E-mail _____
 Address _____
 City _____ State _____ Postcode _____
 Country _____

Include details on ASCEPT website? Yes No

Application – please also email a 1-2 page brief CV to ascept@meetingsfirst.com.au

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 to pay the Annual Subscription so long as I shall remain a member.

Signature _____

Nominator (must be a current financial member of ASCEPT)

I, _____, propose the above applicant for membership.

Signature _____

Student status endorsement

Course _____ Year of completion _____
 Institution _____
 Supervisor/Head of Department name _____

Signature _____

Member information and interests

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

Special interest groups (SIG) - Please tick all SIGs you wish to be a member of

Education Clinical pharmacology/therapeutics Pharmacogenomics Toxicology
 Drug Disposition Urogenital & Gastrointestinal Pharmacology Drug Discovery 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.

Member **Australia** \$110.00* **Overseas** \$100.00 *includes GST

<input checked="" type="checkbox"/>	Cheque (AUD) to Meetings First enclosed	<input checked="" type="checkbox"/>	Please charge this credit card AUD
	Direct deposit made on ____/____/09	Card type	Expiry
	Account name: Meetings First Bank: National Australia Bank Account No: 083 153 45 648 5990 Reference: ASCEPT – insert surname	Number	
		Name	
		Signature	
		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 Meetings First on behalf of ASCEPT (ABN 78 008 461 354)

ASCEPT Secretariat and conference organiser – Meetings First

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 Meetings First is a registered business name of Turner Seabrook Pty Ltd 51 059 443 097

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 Finance

Confirmation