



# MEMBERSHIP APPLICATION FORM

January 2010 - December 2010

email: [ascept@clems.com.au](mailto:ascept@clems.com.au)  
website: [www.ascept.org](http://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](mailto: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 \_\_\_\_\_

## 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.

	<b>Australia</b>	<b>Overseas</b>	*includes GST
Member	<input type="checkbox"/> \$137.50*	<input type="checkbox"/> \$125.00	

<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

E [ascept@clems.com.au](mailto:ascept@clems.com.au)  
 P +61 3 9416 3833  
 F +61 3 9416 4344  
 A Suite 5/ 250 Gore Street Fitzroy VIC 3065

### Office use

Received  
 Entered  
 Finance

Confirmation