STUDENT MEMBERSHIP APPLICATION FORM
January 2009 - December 2009

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

Contact details

Name _____ Telephone _____
Department _____ Fax _____
Institution _____ E-mail _____
Address _____

City _____ State _____ Postcode _____ Include details on ASCEPT website? Yes ☐ No ☐
Country _____

Application - Please forward via email a copy of your academic transcript (ascept@meetingsfirst.com.au)

I hereby apply for Student 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 student membership.

Nominator Signature _____

Student status: **Honours** **Postgraduate**
Course **Year of completion**

Institution

Supervisor name

Supervisor Signature _____

Head of Department name

Member information and interests

General ☑ Please tick	**Qualifications**	**Thesis title**	**Research Interests**
☐ Subscribe to ASCEPT e-news ☐ Main focus pharmacology ☐ Main focus toxicology ☐ Equal focus on both pharmacology and toxicology			

Special interest groups (SIG) - Please tick any SIGs you would like to join

☐ 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.

	Australia	**Overseas**	*includes GST
Student member	☐ $38.50*	☐ $35.00	

☐	Cheque (AUD) to Meetings First enclosed	☐	Please charge this credit card AUD
☐	Direct deposit made on ____/____/09 Account name: Meetings First Bank: National Australia Bank Account No: 083 153 45 648 5990 Reference: ASCEPT – insert surname		Card type _____ Expiry _____ 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)

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