Application for Membership
American Society for Pharmacology and Experimental Therapeutics
9650 Rockville Pike, Bethesda, Maryland 20814-3995 USA, Phone (301) 530-7060
Nomination Form for ( ) Regular, ( ) Affiliate, or ( ) Student/Fellow Membership

APPLICANT: Please complete this section.

Name and Address: ________________________________ Telephone ________________________________
FAX ________________________________
E-mail ________________________________

Date of Birth:

Education and Training:
Date and Degree School City/State/Country Major Field

Professional Experience (Present position first) Include dates, position and organization.

Paperwork Summary: submit original and 1 copy of the following:

1. Application form.
2. Statement and signatures from two sponsors.* (See reverse side)
3. Curriculum vitae (include bibliography).
4. Reprints of at least one but not more than 3 of significant scientific papers.

*A letter may be sent by the sponsor to the Executive Office in lieu of the sponsor's signature on the form.

Call the Society Executive Office for additional information: (301) 530-7060.
Sponsors: Please Complete This Section

Statement of Qualifications of the Applicant

________________________________________________________________________
Sponsor's Signature

Sponsor's Name and Address: (Please Type)
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________________________________________________________________________
________________________________________________________________________

Phone __________________________
FAX __________________________
E-mail _________________________
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Sponsor's Signature

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Phone __________________________
FAX __________________________
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