

# ANNUAL MEMBERSHIP – FULL APPLICATION FORM/TAX INVOICE

Membership for the period of January 2013 – December 2013

Please return to the Secretariat:  
Email [jen.coulls@ascept.org](mailto:jen.coulls@ascept.org) | Fax: 08-8271 2884

## Type of Membership (Please tick)

<input type="checkbox"/> Full – Australia/International	AUD \$200.00	<input type="checkbox"/> Renewal	Last renewal year ie 2011 _____
<input type="checkbox"/> Full – New Zealand	AUD \$160.00		

## Contact Details

Name:				Job title:				
Department:								
Institution:								
Address:								
City:			State:			Postcode:		
Country:			Ph:			Fax:		
Email:	Must be an address that you are readily <b>contactable</b> on							
Include details on ASCEPT website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

## Nominator – only for new applications (leave BLANK if Renewing)

I hereby declare that I am a **current financial member** (January to December 2013) of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists.

I propose the above applicant for membership.

Nominator name:				
Nominator signature:			Date:	

## 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.**

Amount:	\$ _____	Payment made by:	Self	<input type="checkbox"/>
Plus Processing fee:	\$2.20		Institute	<input type="checkbox"/>
<b>TOTAL PAID:</b>	<b>\$ _____</b>	Prices are GST incl	Institute ABN:	_____

Transaction Type	<input type="checkbox"/> Credit Card – MasterCard / VISA	Date:	_____	Receipt ref:	_____
	<input type="checkbox"/> Cheque (AUD) enclosed to ASCEPT				
	<input type="checkbox"/> EFT Deposit				

**CREDIT CARD – MasterCard / VISA** PLEASE FAX payment details to the ASCEPT Secretariat on (08) 8271 9928

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name on Card	_____								
Expiry date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Amount	\$ <input type="text"/>	.	<input type="text"/>
Signature	_____								

## EFT DEPOSIT DETAILS

WITHIN AUSTRALIA	
Bank:	Macquarie Bank Limited
Account name:	ASCEPT
BSB:	185-300
Account No:	303 157 085
EFT Ref:	Your surname

INTERNATIONAL		Please check with your local bank that you have the capacity to make international electronic transfers.
Bank:	Macquarie Bank Limited	
SWIFT Code:	MACQAU2SXXX	
BSB:	185-300	
Account No:	303 157 085	
Account name:	ASCEPT	

**Please turn over .....**

**ASCEPT Special Interest Groups**

ASCEPT members have many diverse interests and so have formed Special Interest Groups to acknowledge these strengths, to enhance the cohesion of the Society and to promote and advance the study and application of pharmacology and toxicology in its broadest context.

Please indicate which SIG/s you wish to join.

- |   |   |
|---|---|
| <input type="checkbox"/> Education Forum                              | <input type="checkbox"/> Pharmacogenomics |
| <input type="checkbox"/> Drug Disposition and Response                | <input type="checkbox"/> Drug Discovery   |
| <input type="checkbox"/> Clinical Pharmacology/Therapeutics           | <input type="checkbox"/> Toxicology       |
| <input type="checkbox"/> Urogenital and Gastrointestinal Pharmacology | <input type="checkbox"/> Cardiovascular   |
| <input type="checkbox"/> Neuro and Behavioural Pharmacology           |   |

**General**

- Main focus: Pharmacology
- Main focus: Toxicology
- Equal focus on Toxicology and Pharmacology
- Available for consultancy

Expertise in

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<b>Research:</b>	Please list your research interests
<b>Education:</b>	Please list areas of teaching
<b>Clinical:</b>	Please list your clinical interests
<b>Other Societies:</b>	Please list

**Application**

I hereby apply for 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 pay the Annual Subscription so long as I shall remain a member.

Applicant signature:		Date:	
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