

ANNUAL MEMBERSHIP – STUDENT APPLICATION FORM/TAX INVOICE

Membership for the period of January 2013 – December 2013

Please return to the Secretariat:
Email jen.coulls@ascept.org | Fax: 08-8271 2884

Type of Membership (Please tick)

| | | | | | |
|--------------------------|-----------------------------------|-------------|--------------------------|---------|---------------------------------|
| <input type="checkbox"/> | Student – Australia/International | AUD \$85.00 | <input type="checkbox"/> | Renewal | Last renewal year ie 2011 _____ |
| <input type="checkbox"/> | Student – New Zealand | AUD \$75.00 | | | |

Anticipated program completion date: _____

Contact Details

| | | | | | | |
|--------------|--|--------|--|------------|--|--|
| Name: | | | | Job title: | | |
| Department: | | | | | | |
| Institution: | | | | | | |
| Address: | | | | | | |
| City: | | State: | | Postcode: | | |
| Country: | | Ph: | | Fax: | | |
| Email: | <i>Must be an address that you are readily contactable on</i> | | | | | |

Include details on ASCEPT website? Yes 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"/> |
| TOTAL PAID: | \$ _____ | 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

Name on Card _____

Expiry date / Amount \$.

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 | | |
|---------------|------------------------|---|
| Bank: | Macquarie Bank Limited | <i>Please check with your local bank that you have the capacity to make international electronic transfers.</i> |
| 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

| | |
|--|--|
| | |
|--|--|

| | |
|-------------------------|-------------------------------------|
| Research: | Please list your research interests |
| | |
| Education: | Please list areas of teaching |
| | |
| Clinical: | Please list your clinical interests |
| | |
| Other Societies: | 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: | |
|----------------------|--|-------|--|