

MEMBER INFORMATION

Date _____
Name _____

Degree(s) _____ Title _____

Company/Affiliation _____
Department _____

Address Employment Home

City _____ State _____ Zip Code _____

Country _____

Phone _____ Mobile Phone _____

Email _____

Assistant's Email _____

Date of Birth (M/D/Y) _____ Male Female

How did you hear about ASCPT? _____

Email Communication Preferences:

- Yes, please opt me in to all ASCPT communications
 No, I do not authorize ASCPT to contact me via email

To further customize your email preferences, please visit your dashboard on ASCPT.org after your membership application has been processed.

Please select your applicable **Networks** and **Communities** relative to your areas of interest (required):

- Early Career
- Quantitative Pharmacology (QP)**
- Biologics
- Pharmacometrics & Pharmacokinetics
- Systems Pharmacology
- Translational Informatics
- Translational & Precision Medicine (TPM)**
- Biomarker & Translational Tools
- Infectious Diseases
- Membrane Transporter
- Mental Health & Addiction
- Oncology
- Pharmacogenomics
- Special Populations
- Development, Regulatory & Outcomes (DRO)**
- Drug Utilization & Outcomes
- Early Development & Drug Safety
- Global Health
- Regulatory Science

ASCPT MEMBERSHIP DUES

ASCPT Membership Category	US	International
Full (1-year)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$485
Full (2-years)	<input type="checkbox"/> \$820	<input type="checkbox"/> \$895
Early Career	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250
Student/Trainee	<input type="checkbox"/> \$65	<input type="checkbox"/> \$100

All payments must be in US funds, drawn on a US bank. ASCPT does not accept wire payments. Receipts will be emailed to the address on file. ASCPT dues may be deducted as an ordinary and necessary business expense. ASCPT Tax ID: 23-1682043.

By filling out this membership application, I acknowledge that this constitutes a business relationship with ASCPT as well as acknowledges that my information will be included in the ASCPT online member directory unless otherwise specified. All applications are instantly approved upon dues payment, however, applicants are subject to review and decline by ASCPT. ASCPT reserves the right to reject any membership application it does not deem applicable or beneficial to the member community. Applicants who pay dues but fail to qualify for membership will be granted a refund less a \$50 USD processing fee. Applicants must pay ASCPT dues prior to registering for the Annual Meeting or will be subject to a \$50 USD processing fee to update their registration status. Applicants who change their method of payment after it has been processed will be charged a \$50 processing fee. Applicants who cancel membership will not be granted a refund. Please email membership questions to: members@ascpt.org.

ASCPT membership dues are based on the calendar year. If you join or renew January 1 – June 30, 2020, one-year memberships are valid until 1/1/2021, and two-year memberships are considered current until 1/1/2022. If you join or renew after July 1, 2020, one-year memberships are valid until 1/1/2022 and two-year memberships are considered current until 1/1/2023.

- Interested in Volunteering?
 Interested in being considered for ASCPT Member Profiles?

Clinical Pharmacology & Therapeutics (CPT) Journal Preferences:

- Online-only Version
 Print & Online Version

CONTRIBUTION OPPORTUNITIES

- Unrestricted Gift Student/Trainee Awards & Travel
 Other _____ Amount _____

Total Payment Amount _____

PAYMENT INFORMATION

- Check (made payable to ASCPT)
 Visa Mastercard American Express

Card Number _____

Expiration Date _____

Security Code _____

Cardholder name (printed) _____

Cardholder Signature _____

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Questions? Email: members@ascpt.org | Phone: 703.836.6981

Please complete this form and submit with payment to:

Mail: ASCPT | 528 North Washington Street, Alexandria, VA 22314 USA | Fax: 703.836.5223