

MEMBERSHIP APPLICATION & RENEWAL FORM

All new and renewing members are subject to review and approval by ASCPT.

MEMBER INFORMATION

Date: _____

Name: _____

Degree(s): _____ Title: _____

Company/Affiliation: _____

Department: _____

Address: Employer Home

Street: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____ Mobile Phone: _____

Email: _____ Asst. Email: _____

Date of Birth: _____ Male Female Prefer not to answer

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 member dashboard at 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

Rare Diseases

Special Populations

Development, Regulatory & Outcomes (DRO)

Drug Utilization & Outcomes

Early Development & Drug Safety

Global Health

Regulatory Science

ASCPT MEMBERSHIP DUES

Membership Category	US	International
Full (1 Year)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$485
Full (2 Year)	<input type="checkbox"/> \$820	<input type="checkbox"/> \$895
Early Career	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250
Student/Trainee*	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

Dues are only valid for the current membership year.

I am interested in volunteering.

I am interested in being featured in ASCPT Member Profiles.

I am involved in Translational Medicine.

CONTRIBUTION OPPORTUNITIES

Unrestricted Gift Student/Trainee Awards & Travel

Other _____ **Contribution Amount:** _____

TOTAL PAYMENT AMOUNT: _____

PAYMENT INFORMATION

Check (made payable to ASCPT)

VISA Mastercard American Express

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Name (printed): _____

Cardholder Signature: _____

I have read and understand the [ASCPT membership terms and conditions](#).

* FOR STUDENT/TRAINEE APPLICANTS ONLY

With the significant disruptions to business and commerce imposed by the COVID-19 pandemic, budgets for professional education are being cut across countless organizations. To ensure that emerging Clinical Pharmacologists and Translational Scientists have access to high quality professional engagement, ASCPT is waiving student/trainee membership dues for the 2021 dues year.

If you are a student/trainee currently enrolled in a post-doctoral training program and have demonstrated an interest in clinical pharmacology, therapeutics, and translational science, you are eligible for this membership. Applicants who are pursuing a post-baccalaureate degree or who are enrolled in an educational institution and possess interests in clinical pharmacology and translational medicine are also encouraged to apply.

All student/trainee applicants are required to submit proof of status to members@ascpt.org. Applicants will be reviewed by ASCPT prior to approval to ensure candidates meet membership qualifications. Review may take up to 72 hours. ASCPT may request additional proof of status prior to approval. Complimentary student/trainee members will have access to CPT online-only and will not receive CPT by mail.

Questions? Contact us at members@ascpt.org or 703.836.6981.

You can also submit this completed form with payment to:

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