International



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:
How did you hear about ASCPT?
EMAIL COMMUNICATION PREFERENCES
$\hfill \square$ 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 □ Special Populations
 □ Development, Regulatory & Outcomes (DRO) □ Drug Utilization & Outcomes □ Early Development & Drug Safety □ Global Health □ Regulatory Science

ASCPT MEMBERSHIP DUES

Membership Category

Full (1 Year)	□ \$450	□ \$485	
Full (2 Year)	□ \$820	□ \$895	
	□ \$210	□ \$250	
Student/Trainee*	□ \$0	□ \$0	
Dues are only valid for the current membership year.			
$\ \square$ I am interested in volunteering.			
$\hfill \square$ I am interested in being featured in ASCPT Member Profiles.			
$\ \square$ I am involved in Translational Medicine.			
CONTRIBUTION OPPORTUNITIES			
☐ Unrestricted Gift ☐ Student/Trainee Awards & Travel			
☐ Other Contribution Amount:			
TOTAL PAYMENT AMOUNT:			
PAYMENT INFORMATION			
PAYMENT INFORMA	ATION		
PAYMENT INFORMA ☐ Check (made payable to			
	to ASCPT)	oress	
☐ Check (made payable t	to ASCPT)		
☐ Check (made payable to ☐ VISA ☐ Mastercard	to ASCPT) American Exp		
☐ Check (made payable to ☐ VISA ☐ Mastercard Credit Card Number:	to ASCPT) American Exp Securit	ty Code:	
☐ Check (made payable to VISA ☐ Mastercard Credit Card Number:	to ASCPT) American Exp Securit	ty Code:	

* 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.