

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):

- Student & Trainee
- 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
 - Life Cycle Management
 - 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.