

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: _____

Gender: Man Woman Non-Binary Other Prefer not to answer

Ethnicity: African American/Black Asian/Pacific Islander
 Caucasian/White Hispanic/Latinx Native American/Indian
 Native Hawaiian/Pacific Islander Other Prefer not to answer

Date of Birth (MM/DD/YYYY): _____

Please select your applicable **NETWORKS** and **COMMUNITIES** relative to your areas of interest (required):

- Student & Trainee
 Early Career

- Quantitative Pharmacology (QP)**
 Biologics
 Pharmacometrics & Pharmacokinetics
 Physiological Based Pharmacokinetic Modeling & Simulation
 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.

CLINICAL PHARMACOLOGY & THERAPEUTICS (CPT) JOURNAL PREFERENCES

- Online-only version
 Print and Online versions

Complimentary Student/Trainee members will have access to the online-only version of CPT and cannot select the option to receive the print version of CPT by mail.

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.

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](#).
 If applying as a Student/Trainee member, I have read and understand the [ASCPT Student/Trainee membership terms and conditions](#).

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 the online-only version of CPT and cannot receive the print version of CPT by mail.