

## 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.

- I am interested in volunteering.  
 I am interested in being featured in ASCPT Member Profiles.

### 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](http://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](#).

### \* FOR STUDENT/TRAINEE APPLICANTS ONLY

- 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](mailto: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.