

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 answerEthnicity: ☐ 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☐ Precision Dosing☐ Rare Diseases☐ Special Populations☐ **Development, Regulatory & Outcomes (DRO)**☐ Cell, Gene, Regenerative Medicine & Nucleic Acid☐ 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.

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