

MEMBERSHIP APPLICATION & RENEWAL FORM

All new and renewing members are subject to review and approval by ASCPT.

MEMBER INFORMATION

Name: _____

Degree(s): _____ Title: _____

Company/Affiliation: _____

Address: ☐ Employer ☐ Home

Street: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Mobile Phone: _____ Email: _____

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

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

Year of Birth (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
☐ Specific 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

ASCP MEMBERSHIP DUES

Membership Category	Online-Only CPT	Print CPT ³
Full (1 Year)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Full (2 Year)	<input type="checkbox"/> \$820	<input type="checkbox"/> \$870
Full-LMIC (1 Year) ¹	<input type="checkbox"/> \$50	N/A
Full-LMIC (2 Year) ¹	<input type="checkbox"/> \$90	N/A
Early Career	<input type="checkbox"/> \$210	<input type="checkbox"/> \$260
Early Career-LMIC ¹	<input type="checkbox"/> \$35	N/A
Student/Trainee ²	<input type="checkbox"/> \$0	N/A

Dues are only valid for the current membership year. Student/Trainee and LMIC 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.

Please select the applicable **IDENTITY GROUP(S)** with which you would like to affiliate (optional):

- ☐ Black Excellence in Clinical Pharmacology
☐ LGBTQIA+
☐ Women in Science

Affiliating with an Identity Group(s) confirms your agreement to receive communication and outreach.

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.

TOTAL PAYMENT AMOUNT: _____

PAYMENT INFORMATION

☐ VISA ☐ Mastercard ☐ American Express

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Name (printed): _____

Cardholder Signature: _____

Billing Address: _____

Billing Address 2: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

☐ 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](#).

¹ASCPT offers discounted membership dues for members whose primary residence is located in a country classified by the [World Bank](#) as Low/Lower Middle/Upper-Middle economy. Proof of residency may be required.

²All Student/Trainee applicants are required to submit proof of status to members@ascpt.org. Review may take up to 72 hours. ASCPT may request additional proof of status prior to approval.

³To receive the print version of CPT in 2026 by mail, select the Print CPT option above. To opt out of print CPT and retain full online-only access with your membership, please select Online-Only CPT above.