

## MEMBERSHIP APPLICATION & RENEWAL FORM

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

### MEMBER INFORMATION

Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Title: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

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

## ASCPT MEMBERSHIP DUES

Membership Category	With Digital CPT
Full (1 Year)	<input type="checkbox"/> \$465
Full (2 Year)	<input type="checkbox"/> \$845
Full-LMIC (1 Year) <sup>1</sup>	<input type="checkbox"/> \$52
Full-LMIC (2 Year) <sup>1</sup>	<input type="checkbox"/> \$95
Early Career	<input type="checkbox"/> \$215
Early Career-LMIC <sup>1</sup>	<input type="checkbox"/> \$36
Student/Trainee <sup>2</sup>	<input type="checkbox"/> \$0

Dues are only valid for the current membership year. All members have access to the online-only version of CPT.

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](#).

<sup>1</sup>ASCPT 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.

<sup>2</sup>All Student/Trainee applicants are required to submit proof of status to [members@ascpt.org](mailto:members@ascpt.org). Review may take up to 72 hours. ASCPT may request additional proof of status prior to approval.