



American Society for Pharmacology & Experimental Therapeutics
1801 Rockville Pike | Suite 210 | Rockville | MD | 20852-1633

2024 MEMBERSHIP APPLICATION

Prefix:	**First Name (Given Name):	Middle Name:	**Last Name (Family Name) and Suffix:
---------	-----------------------------------	--------------	----------------------------------------------

ADDRESS TYPE: Business Address Home Address

**Institution/Company:	Dept/Div:
-------------------------------	------------------

Street/PO:

City:	State/Province:	Zip/Postal Code:	Country:
--------------	------------------------	-------------------------	-----------------

Telephone:	Fax:
------------	------

**Business Email:	**Alternate Email:
--------------------------	---------------------------

MEMBERSHIP TYPES and DUES (Term January 1st – December 31st)

**Regular Member <input type="radio"/> \$200	**Affiliate Member <input type="radio"/> \$200	**Postdoctoral Member <input type="radio"/> \$95	<input type="radio"/> Graduate Student <input type="radio"/> Post-baccalaureate <input type="radio"/> \$40	Undergraduate Student <input type="radio"/> \$10
--------------------------------------------------------	----------------------------------------------------------	------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

DEMOGRAPHIC INFORMATION & PROFESSIONAL PROFILE

Current Professional/Academic Degree(s):	Professional Title:	Date of Birth: Month / Day / Year	Gender: <input type="radio"/> Male <input type="radio"/> Non-Binary <input type="radio"/> Female <input type="radio"/> Prefer not to disclose
-------------------------------------------------	----------------------------	---------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Race of Ethnic Affiliation (voluntary) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White /Caucasian <input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Pacific Island <input type="checkbox"/> Native American/Eskimo /Aleut <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Two or more of the groups listed	<input type="checkbox"/> Academia <input type="checkbox"/> Consultant <input type="checkbox"/> Government <input type="checkbox"/> Industry	Institution Type <input type="checkbox"/> Private Practice <input type="checkbox"/> Other
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

STUDENTS ONLY - EDUCATION INFORMATION

<input type="radio"/> Undergraduate <input type="radio"/> Graduate/Post-baccalaureate <input type="radio"/> Medical	Institution and Department/Division:
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------

**Anticipated date of graduation:	**Anticipated Degree:
------------------------------------------	------------------------------

DIVISION SELECTION

Division membership is a benefit of ASPET: Choose one primary (1) and as many secondary (X) divisions to which you wish to belong.

<input type="checkbox"/> Division for Behavioral Pharmacology	<input type="checkbox"/> Division for Molecular Pharmacology
<input type="checkbox"/> Division for Cancer Pharmacology	<input type="checkbox"/> Division for Neuropharmacology
<input type="checkbox"/> Division for Cardiovascular Pharmacology	<input type="checkbox"/> Division for Pharmacology Education
<input type="checkbox"/> Division for Drug Discovery & Development	<input type="checkbox"/> Division for Translational & Clinical Pharmacology
<input type="checkbox"/> Division of Drug Metabolism and Disposition	<input type="checkbox"/> Division for Toxicology

PAYMENT INFORMATION

Dues: \$ _____	Credit Card Number _____	Expiration Date (Month/Year) _____
Total Payment: \$ _____	Name of Cardholder (please print): _____	CVV2 _____
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Check	Billing Address _____	Signature _____
Please enclose a check or money order made payable to "ASPET" in U.S. funds only, drawn on a bank with U.S. branch, or complete credit card information to the right.	Your signature authorizes your credit card to be charged for the Total Payment. ASPET reserves the right to charge the correct amount if it is different from the Total Payment amount.	

Source Code: WEB

****Required Field**

MEMBERSHIP CATEGORIES

Regular Members

Any qualified investigator who has conducted and published a meritorious original investigation in pharmacology shall be eligible for membership in the Society. An individual who holds an earned doctoral degree (Ph.D., M.D., or equivalent) is considered a qualified investigator. Exceptions may be made for someone who does not meet the degree requirement but who has made major original research contributions to pharmacology.

Postdoctoral Members

Any qualified person who has received their Ph.D. or equivalent degree in pharmacology or a related field within the past five years is eligible for Postdoctoral membership. Postdoctoral members will receive the same benefits as Regular members, including the right to vote in ASPET elections. Individuals may remain in the Postdoctoral Membership category for a maximum of five (5) years from the date of receipt of their PhD (or equivalent) degree after which time they will be upgraded to Regular Membership.

Affiliate Members

Any qualified person who is engaged in the study of problems in pharmacology but does not meet the requirements for Regular Membership may be eligible for Affiliate Membership. Affiliate members may later be proposed for Regular Membership, upon meeting the requirements. Affiliate Members include representatives in the following careers: faculty members who have made their contribution in teaching; productive research team members who have not published a meritorious original publication, administrators in government, industry, universities, or other organizations who do not have sufficient independent research.

Graduate Student Members

1. Graduate students: Persons who are enrolled in graduate or professional degree programs, and who have an interest in pharmacology. Upon completion of their research degree requirements, graduate students will be upgraded to another membership category such as Postdoctoral, Regular, or Affiliate member.

OR

2. Post-baccalaureate: Persons who are less than 3 years past receipt of their bachelor's degree and engaged in post-baccalaureate training or professional development, and who have an interest in pharmacology. Post-baccalaureate members may retain this status for up to 3 years or until they enroll in a graduate or professional degree program. Post-baccalaureate members who no longer meet these eligibility requirements must notify ASPET staff they have enrolled in a degree program or move to another membership category.

Students enrolled in graduate or professional degree programs shall be voting members; Post-baccalaureate shall be non-voting.

Undergraduate Student Members

Persons who are enrolled in undergraduate degree programs and who have an interest in pharmacology are eligible for Undergraduate Student membership, which shall be non-voting.

Submit completed Membership Application, supporting documentation, and payment:

By Mail to:

ASPET Membership Department
1801 Rockville Pike, Suite 210
Rockville, MD 20852-1633

By Fax to:

(301) 634-7061

By Email to:

membership@aspet.org