

APPLICATION FOR MEMBERSHIP

Please make sure you complete this form in full for a faster proces SURNAME FORENAMES				PROF/DR/N	ess of your application. PROF/DR/MR/MS/MRS (please circle)	
ADDRESS FOR CORRES	PONDENCE					
	POSTCODE:					
DAYTIME TELEPHONE	FAX:					
EMAIL ADDRESS:						
PRESENT EMPLOYER:			PRES	SENT POSITION		
From time to time we may dis	tribute information to m	iembers via em	ail, would y	ou like to be included in em	nailing?	
□ Yes □] No					
ACADEMIC QUALIF	FICATIONS					
Degree or equivalent (e.g. BSc)	University or awarding body	Dates o To	f study From	Subject(s)	Class/Grade	
WORK ORGANISATION	(please select the close	est)	Scien	tific Discipline (please se	elect the closest)	
1 Pharmaceutical Industry 2 Piotoch Industry		1 Biology				
2 Biotech Industry 3 Agrochem Industry 4 Academic			2 Pharmacology 3 Medicinal Chemistry 4 Medicine			
5 Government	6 Hospital					
7 Research Institute 6 Toxicology 7 Pre-Clinical						
8 Full Time Education		8 Clinical				
9 Other			9 Otł	ner		
APPLICANT'S SIGNATU	RE			DATE		
Membership Subscription	Fees:					
• Ordinary Member	rs (Paying by direct de	ebit) - £25.00				
• All Members (Pay	ing by Cheque / contin	nuous credit c	ard) - £30.	.00 (£25.00 + £5.00 surch	arge)	
Retired Members	(Paying by direct debi	it) - £25.00				
				of the society for 5 Yes		
Please send with direct debit reference associaction enter						
Bussiness Centre, Humbers We must receive the origin	stone Lane, Thurmast	on, Leicester	, LE4 9HA	, Tel: 0116 274 7356, Fax	x: 0116 274 7365	