



The Society for Medicines Research

APPLICATION FOR MEMBERSHIP

Please make sure you complete this form in full for a faster process of your application.

SURNAME: PROF/DR/MR/MS/MRS
(Please circle)

FORENAMES:

ADDRESS FOR CORRESPONDENCE:

.....

..... POSTCODE:

DAYTIME TELEPHONE: FAX:

EMAIL ADDRESS:

PRESENT EMPLOYER: PRESENT POSITION:

From time to time we may distribute information to members via email, would you like to be included in emailing?

Yes No

ACADEMIC QUALIFICATIONS

Degree or equivalent (e.g. BSc)	University or awarding body	Dates of study		Subject(s)	Class/Grade
		To	From		

WORK ORGANISATION (please select the closest)

- 1 Pharmaceutical Industry
- 2 Biotech Industry
- 3 Agrochem Industry
- 4 Academic
- 5 Government
- 6 Hospital
- 7 Research Institute
- 8 Full Time Education
- 9 Other

Scientific Discipline (please select the closest)

- 1 Biology
- 2 Pharmacology
- 3 Medicinal Chemistry
- 4 Medicine
- 5 Pharmacy
- 6 Toxicology
- 7 Pre-Clinical
- 8 Clinical
- 9 Other

APPLICANT'S SIGNATURE: DATE:

Membership Subscription Fees:

- Ordinary Members (paying by direct debit) - £25.00
- Ordinary Members (not paying by direct debit) - £30.00
- Retired Members (paying by direct debit) - £25.00
- Retired Members – No Fee (once you have been a member of the society for 5 Years)

Please send with direct debit form, continuous credit card form (deductions will be shown on your statement with the reference **association enterprises**) or a cheque (made payable to SMR) to:

SMR Secretariat, 9 Cartwright Court, Cartwright Way, Bardon Hill, Coalville LE67 1UE
Tel: 0116 274 7356

We must receive the original direct debit form the bank will not accept faxed copies.