



Swiss Society of Experimental Pharmacology

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MEMBERSHIP APPLICATION FORM

Last name: _____ First name: _____
Date of birth: _____ Place of birth: _____
Education: _____
Title: _____
Business address: _____
Phone number: _____ Fax number: _____
Home address: _____
Home phone number: _____ Home fax number: _____
e-mail address: _____
Scientific activity: _____

Place: _____ Date: _____ Signature: _____

This form has to be sent to the secretary together with a short *curriculum vitae*, a listing of your publications, and signed by two regular members of the SSPE ("sponsors").

The persons undersigning this form certify that the written information is correct and recommend to accept the applicant as a member of the Swiss Society of Experimental Pharmacology.

Name and signature of the first sponsor: _____ Name and signature of the second sponsor: _____

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