

SSEP Secretary :

PD Dr. Gabriele Weitz-Schmidt
University Basel PharmaCenter
Klingelbergstrasse 50-70
4056 Basel/Switzerland
gabriele.weitz-schmidt@unibas.ch

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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