

SSPT/SGPT Secretary :

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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: _____
Additional affiliation desired:

Toxicology section:

Clinical pharmacology section:

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 SSPT ("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 Pharmacology and Toxicology.

Name and signature of the first sponsor:

Name and signature of the second sponsor:

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