



Michigan

MEMBERSHIP APPLICATION

Name: _____
Affiliation: _____
Address _____

City: _____
State: _____ Zip Code: _____
Area Code: _____ Phone: _____ FAX: _____
E-mail: _____
Membership Type _____ Full Member (\$20) _____ Student (\$5)

Please check the most appropriate responses:

SOT Member	Highest Degree Attained		Type of Affiliation
<input type="checkbox"/> Yes	<input type="checkbox"/> A.S.	<input type="checkbox"/> M.P.H.	<input type="checkbox"/> Academia
<input type="checkbox"/> No	<input type="checkbox"/> B.A.	<input type="checkbox"/> M.S.	<input type="checkbox"/> Consulting
	<input type="checkbox"/> B.S.	<input type="checkbox"/> M.A.	<input type="checkbox"/> Contract Lab
	<input type="checkbox"/> D.V.M.	<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Government
	<input type="checkbox"/> D.V.M./Ph.D.	<input type="checkbox"/> Sc.D.	<input type="checkbox"/> Industry- Chemical/Petroleum
	<input type="checkbox"/> M.D.	<input type="checkbox"/> V.M.D.	<input type="checkbox"/> Industry- Pharmaceutical
	<input type="checkbox"/> M.D./Ph.D.	<input type="checkbox"/> V.M.D./Ph.D.	<input type="checkbox"/> Industry- Other
			<input type="checkbox"/> Other- _____

Please complete the information above and send with a check, money order or credit card (payable to [specific RC], no POs) to the address below. The chapter to which you are applying will review your application and you will be notified within 30 days. Those not accepted will receive a full refund. *Current RC members: please do not use this form since your renewal dues are billed annually through SOT.*

Payment Type: Money Order _____ Check _____ Credit Card _____
Credit Card # _____ **Exp date** _____
Name on Card _____

Send to:
Roseann L. Vorce, Treasurer
2853 Pontiac Trail
Ann Arbor, MI 48105

Or send as an e-mail attachment to:
Roseann.Vorce@gmail.com