



# Michigan

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Area Code: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Membership Type \_\_\_\_\_ Full Member (\$20) \_\_\_\_\_ Graduate/Undergraduate Student (\$5)

Please check the most appropriate responses:

SOT Member	Highest Degree Attained		Type of Affiliation
_____ Yes	_____ A.S.	_____ M.P.H.	_____ Academia
_____ No	_____ B.A.	_____ M.S.	_____ Consulting
	_____ B.S.	_____ M.A.	_____ Contract Lab
	_____ D.V.M.	_____ Ph.D.	_____ Government
	_____ D.V.M./Ph.D.	_____ Sc.D.	_____ Industry- Chemical/Petroleum
	_____ M.D.	_____ V.M.D.	_____ Industry- Pharmaceutical
	_____ M.D./Ph.D.	_____ V.M.D./Ph.D.	_____ Industry- Other
			_____ 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:  
Robert Ellis-Hutchings, MISOT Treasurer  
Developmental and Reproductive Toxicology  
The Dow Chemical Company  
Midland, MI 48674

Or send as an e-mail attachment to:  
[REllis-hutchings@dow.com](mailto:REllis-hutchings@dow.com)