



National Capital Area

MEMBERSHIP APPLICATION

Name: _____

Affiliation: _____

Address _____

City: _____

State: _____ Zip Code: _____

Phone: _____ FAX: _____

E-mail: _____

Membership Type _____ Full Member (\$20) _____ Student (\$10)

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
If no, please choose a password to access restricted information on- line. (4-7 digits)	_____ 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 National Capital Area, 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:
 Jennifer Weeks Sekowski, Treasurer
 5183 Blackhawk Road
 AMSRD-ECB-RT-BM, □□
 US Army ECBC, □□
 APG-EA, MD 21010 □□