



Central States

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Membership Type _____ Full Member (\$20) _____ Postdoc/Grad Student (\$10) _____ Undergrad (\$0)

Please check the most appropriate responses:

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<input type="checkbox"/> Yes	<input type="checkbox"/> A.S.	<input type="checkbox"/> M.P.H.	<input type="checkbox"/> Academia
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	<input type="checkbox"/> M.D.	<input type="checkbox"/> V.M.D.	<input type="checkbox"/> Industry- Pharmaceutical
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			<input type="checkbox"/> Other- _____

Please complete the information above and send with a check, money order or credit card (payable to [Central States Chapter], no POs) to the address below. Central States SOT will review your application and notify you within 30 days. Those not accepted will receive a full refund. Current CS-SOT members: please do not use this form because your renewal dues are billed annually through SOT.

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