



Southern California Regional Chapter  
 Membership Application Form  
 For Non-SOT Members Only

Name:			
Affiliation:			
Address:			
City:			
State:		Zip:	
Phone (include area code):		Fax:	
Email:			

**Select Chapter Membership Type:**

- Full member
  Student member

**Please check the appropriate responses:**

Highest Degree Attained:

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> AS      | <input type="checkbox"/> MPH     |
| <input type="checkbox"/> BA      | <input type="checkbox"/> MS      |
| <input type="checkbox"/> BS      | <input type="checkbox"/> MA      |
| <input type="checkbox"/> DVM     | <input type="checkbox"/> PhD     |
| <input type="checkbox"/> DVM/PhD | <input type="checkbox"/> ScD     |
| <input type="checkbox"/> MD      | <input type="checkbox"/> VMD     |
| <input type="checkbox"/> MD/PhD  | <input type="checkbox"/> VMD/PhD |

Type of Affiliation:

- Academia
- Consulting
- Contract Lab
- Government
- Industry – Chemical/Petroleum
- Industry – Pharmaceutical
- Other – Please Specify

**Please complete the information above and return to:**

SOT Regional Chapter Membership  
 Society of Toxicology  
 11190 Sunrise Valley Drive, Suite 300  
 Reston, VA 20191

Please contact [RCcoordinator@toxicology.org](mailto:RCcoordinator@toxicology.org) for assistance.