



# Allegheny-Erie

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Membership Type \_\_\_\_\_ Full Member (\$25) \_\_\_\_\_ Student (\$10) \_\_\_\_\_ Undergrad (\$0)

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:  
 SOT Headquarters  
 11190 Sunrise Valley Drive  
 Suite 300  
 Reston, VA 20191  
 Email: [ashley@toxicology.org](mailto:ashley@toxicology.org)