MEMBERSHIP APPLICATION

Name: __________________________________________________________
Affiliation: _______________________________________________________
Address __________________________________________________________
________________________________________________________________
City: _____________________________________________________________
State: __ Zip Code: ____________
Area Code: __ Tel: __________ Fax: __________________
Email: __________________________________________________________
Membership Type ___ Full Member ($20) ___ Postdoc ($10) ___ Grad Student ($10)
___ Undergrad ($0)

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
            ___________________                         ___________________

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.
DO NOT email credit card information.

Payment Type:
Money Order_______Check_______Credit Card_____________
CREDIT CARD (check one): ☐ American Express ☐ Diners Club ☐ Discover ☐ MasterCard
☐ Visa
Credit Card #: ___________________ Expiration Date: __________
CVV Number: _______ Charge Amount: $ _________
Signature: ____________________

Send to: Society of Toxicology, 11190 Sunrise Valley Drive, Suite 300
        Reston, VA 20191
        Attn: Ashley Black
        Email: ashley@toxicology.org