

Arab Toxicologist Association (ATA)

Special Interest Group Membership Form For Non-SOT Members*

Name: _____

Affiliation/Institution: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Email: _____

Membership: \$15 for members (Full, Student or Postdoctoral)

Education level (degree): Are you Undergraduate Student Grad. Student
 Postdoc Other _____

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:

- | |
|--|
| <input type="checkbox"/> Academia |
| <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Contract Lab/Contract Research Org. |
| <input type="checkbox"/> Government |
| <input type="checkbox"/> Industry: Chemical/Petroleum/Tobacco |
| <input type="checkbox"/> Industry: Pharmaceutical/Medical Device |
| <input type="checkbox"/> Other: _____ |

Please provide a password for the National SOT website (7 digits): _____

This password will allow non-SOT members to renew dues through the SOT website hereafter.

Please complete the information above and send with a check, money order or credit card (payable to "Society of Toxicology," please write "ATA" in notes field) The SIG 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 ATA SIG members: please do not use this form since your renewal dues are billed annually through SOT.* **DO NOT EMAIL CREDIT CARD INFORMATION**

CREDIT CARD: Check one: American Express Discover Diners Club
 MasterCard Visa

Charge Amount: \$ _____ Account #: _____

Expiration Date: _____ CVV Number: _____

Signature: _____

Return To:
SIG Coordinator
Society of Toxicology
11190 Sunrise Valley Drive, Suite 300
Reston, VA 20191

Tel: 703.438.3115
Fax: 703.438.3113
Email: SOTHQ@toxicology.org