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 all members (Full, Student or Postdoctoral)

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

Highest Degree Attained:                       Type of Affiliation:
❑ AS            ❑ MPH                      ❑ Academia
❑ BA            ❑ MS                        ❑ Consulting
❑ BS            ❑ MA                        ❑ Contract Lab/Contract Research Org.
❑ DVM           ❑ PhD                       ❑ Government
❑ DVM/PhD       ❑ ScD                       ❑ Industry: Chemical/Petroleum/Tobacco
❑ MD            ❑ VMD                      ❑ Industry: Pharmaceutical/Medical Device
❑ MD/PhD        ❑ VMD/PhD                   ❑ 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: ___________________________________________