



HOT NEW MEMBERSHIP APPLICATION FOR Non-SOT MEMBERS

Rev 2017

Name: _____

Affiliation: _____

Address: _____

City/State/ Zip Code: _____

Country: _____

Tel/Fax: _____

Email: _____

Membership: _____ Full (\$15) _____ Postdoc (\$15) _____ Student (\$15) _____ Undergrad (\$0)

Non-SOT Members:

Please complete the information above and send with payment information to SOT HQ:

**Society of Toxicology
 11190 Sunrise Valley Drive
 Suite 300
 Reston, VA 20191**

HOT will review your application, and you will be notified within 30 days.

SOT Members:

- **Full and Associate Members:** Add HOT to your existing membership via [SOT Website](#)
- **Student/Postdocs Members:** First Specialty Section/Special Interest group membership free

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.	_____ Other	_____ Industry- Other
	_____ Other-		_____ Other- _____

Payment Type: DO NOT email credit card information

_____ \$15 Money Order or \$15 Check Payable to SOT HOT (prices are in dollars)

_____ Credit Card (circle one Visa, MasterCard, Discover, American Express)

Credit Card _____ Exp date _____

Name on Card _____

Signature _____

(If you prefer not to send your credit card information, please call SIG Coordinator, Society of Toxicology, Staff Liaison to Special Interest Groups. Tel: 703.438.3115 to make your payment by phone).
