**APPLICATION FOR MEMBERSHIP OF THE EAPCCT – 2017**

Family name and initials

First Name

Male  Female

Year of birth

Degrees/Qualifications:

Primary position:

Institution:

Professional address:

City / Mail code:       /

Country:

Phone (     )

Fax (     )

E-mail

***(Note: Most EAPCCT mailings are sent electronically - please provide an E-mail address!)***

Address for delivery of *Clinical Toxicology* (**ONLY** if different from above):

Address:

City / Mail code:       /

Country:

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| **I wish to pay my EAPCCT Membership Fee for: 2017 / 2018 / 2019**  **Member: (includes** subscription to online1 *Clinical Toxicology***)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | One year | 180 Euro | Two years | 330 Euro | Three years | 480 Euro |   1 From 2013 on, membership includes only the electronic subscription accessible via the EAPCCT website; printed copies of the Journal can be ordered separately for EUR 65.  **AACT/APAMT Member**2**: (excludes** subscription to *Clinical Toxicology***)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | One year | 130 Euro | Two years | 240 Euro | Three years | 350 Euro |   2 Only current members of the American Academy of Clinical Toxicology can opt **not to receive *Clinical Toxicology***  **Associate Member**3**: (excludes** subscription to *Clinical Toxicology***)**   |  |  |  |  | | --- | --- | --- | --- | | One year | 130 Euro | Two years | 240 Euro |   3 You may opt to be an associate member for a maximum period of two years only. Thereafter, you will automatically become a member and must pay the full membership fee.  **Emeritus Member:**   |  |  |  | | --- | --- | --- | | One year | Free or | 65 Euro with subscription to *Clinical Toxicology* |   **Method of payment:**  **Payment via the EAPCCT website is preferred.**   |  |  | | --- | --- | |  | via EAPCCT website | |  | transferring the fee to the EAPCCT bank account  **Account no. *310-1926549-21*** at the ***ING Bank, Zone Center, Région Europöenne, Rond Point Schuman, 1040 Brussels, Belgium*. For IBAN and BIC codes see below.**  **If paying by bank transfer please ensure you provide your name and “EAPCCT Membership 2017” as an identifying reference for the transaction. (e.g. *Zammit, Mark - EAPCCT Membership 2017*).**  **This is particularly important if your institution pays your membership fee!** | |  | Eurocard – Mastercard (please enter details below) | |  | VISA (please enter details below) | |  | American Express card (please enter details below) |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Credit Card number** |  |  |  |  |     **Card expiry date:** **[Card verification code:** **]**   |  |  |  |  | | --- | --- | --- | --- | | Name of member: |  | | | | Name of cardholder: |  | | | | Street: |  | | | | Country: |  | Postcode: |  | | Signature: |  | Date: |  | |

**Please return to the General Secretary by e-mail, post or fax**