**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***)**

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| 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***)**

|  |  |  |  |
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| 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:**

|  |  |  |
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| One year | [ ]  Free or | [ ]  65 Euro with subscription to *Clinical Toxicology* |

**Method of payment:** **Payment via the EAPCCT website is preferred.**

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| [ ]  | 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) |

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| --- | --- | --- | --- | --- |
| **Credit Card number** |  |  |  |  |

 **Card expiry date:** **[Card verification code:** **]**

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| Name of member: |  |
| Name of cardholder: |  |
| Street: |  |
| Country: |  | Postcode: |  |
| Signature: |  | Date: |  |

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