

ACPU

Association of Clinical Pharmacology Units

2009 Membership Application

*Annual Dues - \$75.00
1 July 2009 – 30 June 2010
(2009 annual meeting)*

Name: _____ Degree: _____

Title: _____

Business address: _____

E-mail
address: _____

Daytime phone: _____ Fax: _____

Company affiliation: _____

Please describe your job responsibilities: _____

Membership Agreement

As a member of the Association of Clinical Pharmacology Units, I agree that I will comply with the bylaws of the organization, including the directive listed in Article II- Mission, "This organization is not a forum to promote individual and/or commercial interests."

Signature

Date

Make checks payable to: *Association of Clinical Pharmacology Units*
Tax ID # 94-3159147

Mail this form and your check to:

Mary Vinson
6476 WPR1125 North
Fountaintown, IN 46130

Note: Register and pay online with a credit card at ACPU.net.
For questions regarding membership: 203-401-0297 or
louise.m.mclellan@pfizer.com or membership@acpu.net