**APPLICATION FOR MEMBERSHIP OF THE EAPCCT (version 2022)**

Family name and initials

First Name

Gender:…………………………………………………… Male  Female  Non-binary

Year of birth

Degrees/Qualifications:

Primary position:

Institution:

Professional address:

City / Mail code:       /

Country:

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| **I wish to pay my EAPCCT Membership Fee for: 2022 / 2023 / 2024**  **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 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 2022” as an identifying reference for the transaction. (e.g. *Hondebrink, Laura - EAPCCT Membership 2022*). 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: |  | |

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