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

Family name and initials

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

Year of birth

Degrees/Qualifications:

Primary position:

Institution:

Professional address:

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| **I wish to pay my EAPCCT Membership Fee for: 2023 / 2024 / 2025**  **Member:** (**includes** subscription to online1 *Clinical Toxicology*)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | One year | 180 Euro | Two years | 330 Euro | Three years | 480 Euro |   **AACT / ACMT / APAMT / APC / Menatox Member**2**:** (**excludes** subscription to *Clinical Toxicology*)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | One year | 130 Euro | Two years | 240 Euro | Three years | 350 Euro |   **Associate Member**3**:** (**excludes** subscription to *Clinical Toxicology*)   |  |  |  |  | | --- | --- | --- | --- | | One year | 130 Euro | Two years | 240 Euro |   **Retired Member:** (**includes** subscription to *Clinical Toxicology*)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | One year | 130 Euro | Two years | 240 Euro | Three years | 350 Euro |   **Emeritus Member:** (**excludes** subscription to *Clinical Toxicology*)   |  |  |  | | --- | --- | --- | | One year | Free or | 65 Euro with subscription to *Clinical Toxicology* |   *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.*  *2 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.*  **Method of payment:**   |  |  | | --- | --- | |  | via EAPCCT website by credit card. **This is preferred!** | |  | transferring the fee to the EAPCCT bank account  **Account no. *310-1926549-21*** at the ***ING Bank, Zone Center, Région Européenne, 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 an identifying reference for the trans-action. (e.g. *Hondebrink, Laura - EAPCCT Membership 2023/2024/2025*). This is particularly important if your institution pays your membership fee! | |  | Eurocard – Mastercard (please enter details next page) | |  | VISA (please enter details next page) | |  | American Express card (please enter details next page) |   **Please return to the General Secretary by e-mail gs@eapcct.org**  **accompanied by a short curriculum vitae.**  **Only fill if you do not wish to pay via the EAPCCT website by credit card (which is preferred) and do not wish to pay via bank transfer.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Credit Card number** |  |  |  |  |     **Card expiry date:** **[Card verification code:** **]**   |  |  |  |  | | --- | --- | --- | --- | | Name of member: |  | | | | Name of cardholder: |  | | | | Street: |  | | | | Country: |  | Postcode: |  | | Signature: |  | Date: |  | |

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