

APPLICATION FOR MEMBERSHIP OF THE EAPCCT (version 2024)

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:.....

Phone()

Fax()

E-mail

Secondary E-mail

Note: EAPCCT mailings are sent electronically - please provide E-mail addresses!

Address for delivery of the journal *Clinical Toxicology*

(**ONLY** required if different from above and if you have chosen to receive paper copies of the journal):

Address:.....

City / Mail code: /

Country:.....

**Please return to the General Secretary by e-mail gs@eapcct.org
Accompanied by a short Curriculum Vitae**

I wish to pay my EAPCCT Membership Fee for: 2024 / 2025 / 2026

Member: (includes subscription to online *Clinical Toxicology*¹)

One year 180 Euro Two years 330 Euro Three years 480 Euro

AACT / ACMT / APAMT / APC / Menatox Member: (excludes subscription to *Clinical Toxicology*)

One year 130 Euro Two years 240 Euro Three years 350 Euro

Associate Member²: (excludes subscription to *Clinical Toxicology*)

One year 130 Euro Two years 240 Euro

Retired Member: (includes subscription to online *Clinical Toxicology*¹)

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 "EAPCCT Membership 2023" as an identifying reference for the transaction. (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
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Only fill if you do not wish to pay via de 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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