

Pharmacological Society (Singapore)

16 Medical drive, Blk MD3, Level 4 117600, Singapore_ admin@pharmacologicalsociety.sg

MEMBERSHIP APPLICATION FORM

Please, complete all sections:

Section 1: Application Details				
Application for (check one box):				
☐ Full Memb	ership	☐ Asso	ciate Membership (e	e.g. student/trainee)
☐ Current Membership Number ☐ New Application				
☐ Neuropsychopharmacology Section (Full Members also become society members of the Asian College of Neuropsychopharmacology [AsCNP])				
the Asian conege of Neuropsychopharmacology [Ascivi])				
Section 2: Personal Details				
Surname:				
Given Name:				
Title:	□ Prof □ A	/Prof □ Dr □ M	r □ Mrs □ Ms	☐ Other:
Mailing address:				
Telephone:				
Email:				
Section 3: Professional Details				
Current appointment:				
Institution:				
Category of Institution:		☐ University ☐ Industry	☐ Polytechnic ☐ Other	□ A*STAR
Educational qualifications:				
For membership, please submit membership fee together with your application form to				
Ms. Ratna/Ms. Tan Bee Ching at the official address indicated above. New members are				
also required to submit a soft copy of their CV at admin@pharmacologicalsociety.sg				
Membership fee:		☐ Full Membersh	nip S\$50	
		☐ Associate Membership S\$20		