



## Membership application (Page 1/2)

*Fill in this form, sign it and mail it to the address indicated at the bottom:*

*Individuals actively involved in professional practice or research in anti-infective pharmacology are eligible for membership. Applications require sponsorship by two members of ISAP. The Secretary can assist applicants in obtaining sponsorship.*

Salutation: \_\_\_\_\_

Last name: \_\_\_\_\_

Middle name: \_\_\_\_\_

First name: \_\_\_\_\_

Affiliation: \_\_\_\_\_ (laboratory)  
\_\_\_\_\_ (department)  
\_\_\_\_\_ (Univ., Hosp., Comp.)

Address: \_\_\_\_\_ (building/room)  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (PO or local mail box)  
\_\_\_\_\_ (city; zip/postal code)  
\_\_\_\_\_ (state/province)  
\_\_\_\_\_ (country)

Telephone: \_\_\_\_\_ (direct; country code and city code)  
\_\_\_\_\_ (secretary)

E-mail adress: \_\_\_\_\_

Web site: \_\_\_\_\_

Present major activities in Anti-Infective Pharmacokinetics/Pharmacodynamics

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**Membership application (Page 2/2)**

Keywords for entry of your scientific interests in ISAP membership database (max. 5):

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Applications must be sponsored by a present ISAP member. Please list hereunder the names and addresses of your sponsors:

Sponsor #1 \_\_\_\_\_ (name)  
\_\_\_\_\_  
\_\_\_\_\_ (affiliation)  
\_\_\_\_\_ (E-mail address)

Sponsor #2 \_\_\_\_\_ (name)  
\_\_\_\_\_  
\_\_\_\_\_ (affiliation)  
\_\_\_\_\_ (E-mail address)

I understand that if this membership is acted upon favourably by the Council, this constitutes a formal application for membership in ISAP.

Upon acceptance by the Council, the applicant will be notified and requested to pay his/her initiation fees to cover membership dues for the remainder of the current year (yearly dues see homepage); do not send payment now.

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(Applicant signature)

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(date)

Enclose:

- a two page summary (preferably two-sided) of your Curriculum Vitae
- a bibliography of recent relevant publications (two pages maximum).

Send the completed application (with the enclosures) to :

ISAP Secretariat  
c/oCongress Care  
PO Box 440  
5201 AK 's-Hertogenbosch  
The Netherlands  
fax +31-73-6901417  
mail j.vandermeer@congresscare.com