



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



International Society for Anti-Infective Pharmacology

Membership application (Page 2/2)

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

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.

(Applicant signature)

(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/o AMA, Inc.
793 E. Foothill Blvd., #109A
San Luis Obispo, CA 93405 USA
mail susan@amainc.com