PORTUGUESE PHARMACOLOGICAL SOCIETY – APPLICATION FOR MEMBERSHIP

1. NAME AND TYPE OF MEMBERSHIP APPLICATION				
Surname		**Names**		
Title	Prof ☐	Dr ☐	Mr ☐	Ms ☐
Category of membership	Full* ☐	Affiliate ☐	Student ☐	
Section	**Clinical Pharmacology** ☐	**Toxicology** ☐		
*Author of at least two full papers in Pharmacology, Clinical Pharmacology, Toxicology, or related scientific field, published in scientific journals with referees and indexed in the *Science Citation Index*. **Reprints of those papers must be added to the application.**				

2. AFFILIATION AND CONTACT DETAILS				
Affiliation (check one)	Industry ☐	Academic Inst. ☐	Regulatory/Government ☐	Non-commercial Research Institute ☐
Present Appointment	Employer			
	Position			
Contact details are:	Workplace ☐		Other ☐	
Address for correspondence				
Phone No.		**Fax No.**		**E-mail**

3. ACADEMIC QUALIFICATIONS		
Degree or equivalent	**University (or awarding body)**	**Subject(s)**
Undergraduation		
Post-graduation(s)		

4. NOMINATING SPF MEMBERS		
Name (BLOCK LETTERS IF WRITTEN)	Signature	Date
1.		
2.		

5. STUDENT APPLICATIONS ONLY	
I confirm that the above applicant is a full time student ☐	Expected completion date
Course	Institution / Department

Head of Dept. (FULL NAME)	Signature	Date

7. APPLICANTS SIGNATURE		
Name (BLOCK LETTERS IF WRITTEN)	Signature	Date