

CALIFORNIA ASSOCIATION OF TOXICOLOGISTS
MEMBERSHIP APPLICATION



Application Type: Full Member Associate Member

Date of Application: _____

Name :

(Last) (First) (Optional: Middle Name or Initial)

Preferred Mailing Address: Home Office

Home Address _____

City _____ State _____ Zip _____

E-Mail _____

Company/Agency _____

Address _____

City _____ State _____ Zip _____

Phone: _____ FAX : _____

Title of Position _____ Immediate Supervisor _____

Description of Duties and Responsibilities:

Education (University, Location, Degree, Major Subject, Years):

Professional Experience: Give chronology of employment in toxicology or associated field beginning with your present position. Include dates, employer and job title. Attach separate page if necessary.

Publications: Please list all publications in the field of toxicology. Publications in a field other than toxicology should be listed separately. If you have none, please so state. Attach a separate page if necessary:

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Licensure (list all held: National, State, and Local)

IF YOU ARE APPLYING FOR FULL MEMBERSHIP, give the name and address or other contact information of two voting (Full) CAT Members who have agreed to sponsor you as an applicant. You also must have attended two CAT meetings in the last two years.

Name _____

Phone _____

Address _____

E-mail _____

Name _____

Phone _____

Address _____

E-mail _____

For Associate AND Full Member applicants:

I agree to abide by the objectives and the purposes of the California Association of Toxicologists as outlined in the By-Laws, namely:

1. The mutual exchange of information within the field of toxicology and the discussion of professional problems of common interest.
2. To improve the practice, elevate the standards, and advance the cause of toxicology.

Signature of Applicant

Date

Please Return Completed Form To:

Ed Smith, CAT Membership Secretary
PO Box 2032
Fair Oaks, CA 95628

Phone: 916-366-3113
Fax: 916-366-3917