

CALIFORNIA ASSOCIATION OF TOXICOLOGISTS
MEMBERSHIP APPLICATION

Licensure (List all licenses 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 _____ Title/Position: _____

Organization/Affiliation: _____

Address _____

Phone _____ E-mail _____

Name _____ Title/Position: _____

Organization/Affiliation: _____

Address _____

Phone _____ 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

OFFICIAL USE ONLY

Application Received: _____
Board Approved: _____

Committee Reviewed: _____
Membership Voted: _____

CALIFORNIA ASSOCIATION OF TOXICOLOGISTS
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Please return pages 1 and 2 of your completed form to:

CAT Membership Secretary
secretarymembers@cal-tox.org