

**REQUEST FOR RECLASSIFICATION TO FULL MEMBER**

Name \_\_\_\_\_ Date Sent \_\_\_\_\_

For an Associate Member to be reclassified as a Full Member, the following conditions must be met:

1. Have been actively engaged in the field of toxicology for at least one year.
2. Have shown an interest in the Association by attending at least two meetings in two years.
3. Must apply in writing to the designated officer of California Association of Toxicologists.
4. Give the name and address of two full (voting) CAT members who have agreed to sponsor you as a full member.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

I have been and am currently actively engaged in the field of toxicology. The number of years I have been so employed is \_\_\_\_\_

I am presently employed at:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

My Job Responsibilities are as follows:

I have attended the following CAT meetings during the past two years (include date and location for at least two meetings). A minimum attendance of two meetings within the last two years is required for Full Membership. List Quarterly CAT Meetings attended (include date and location):

My current CAT roster information and mailing address IS / IS NOT correct (please circle. If not, please correct as follows:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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Phone Number

FAX

E-mail

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The California Association of Toxicologists Proceedings Vol. 32:1 (March 2004)

I request reclassification to Full Member status in the California Association of Toxicologists.

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Signature of Applicant

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Date

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Please Return Completed Form To:

CAT Membership Secretary  
**secretarymembers@cal-tox.org**

OFFICIAL USE ONLY

Date Application Received

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Committee Reviewed

Full

Associate

Sponsor Forms Sent

Rec. 1.

Rec. 2.

Board Approved

Membership Approved

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