

CALIFORNIA ASSOCIATION OF TOXICOLOGISTS
MEMBERSHIP APPLICATION

Application Type: Full Member Associate Member

Date of Application: _____

Name: _____
(Last) (First) (Middle Initial)

Preferred Mailing Address: Home Work

Home Address: _____
City _____ State _____ Zip _____

Phone: _____ E-Mail _____

Organization/Affiliation: _____

Title/Position: _____

Work Address: _____
City _____ State _____ Zip _____

Work Phone: _____ FAX: _____

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

Professional Experience: Employment in Toxicology or associated field beginning with present position. Include dates, employer and job title. Attach separate page, resume, or curriculum vitae, if necessary.

Description of Current Duties and Responsibilities:

Publications: Please list all publications in the field of toxicology. If you have none, please write N/A. Attach separate page, resume, or curriculum vitae, if necessary:

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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: _____

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Please return pages 1 and 2 of your completed form to:

Jennifer Harmon
San Diego Sheriff's Department
Regional Crime Laboratory
5590 Overland Avenue
San Diego, CA 92123

Phone: 858-285-6228
Email: Jennifer.harmon@sdsheriff.org