



# AACT Membership Application

Please complete the brief application below, and submit your application, along with check or credit card authorization for your annual dues.

## Personal Information

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

Professional Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

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

I would like to join the following SIGS :

- |  |   |
|--|---|
| <input type="checkbox"/> Herbs and Dietary Supplements | <input type="checkbox"/> Pediatric                    |
| <input type="checkbox"/> Occupational/ Environmental   | <input type="checkbox"/> Radiation                    |
| <input type="checkbox"/> Forensic                      | <input type="checkbox"/> WMD                          |
| <input type="checkbox"/> Envenomations                 | <input type="checkbox"/> Acute & Intensive Care (AIC) |

I would like to be contacted regarding working on a committee

## Membership Categories:

I am applying for membership in the following category:

- |   |       |  |
|---|-------|--|
| <input type="checkbox"/> Full Membership    | \$200 |  |
| <input type="checkbox"/> Student Membership | \$100 | <input type="checkbox"/> Fellow Membership \$0 |

(Expected graduation date: \_\_\_\_\_)

The following section must be completed by the Program Director at your institution.

I verify that the individual named on this application is enrolled in an academic or clinical training program at my institution.

Signature of Program Director: \_\_\_\_\_

Please print or type name: \_\_\_\_\_

## Payment Method

Check Enclosed  
(Payable to AACT)

Visa  MasterCard

Credit Card Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

Billing address  
 Home  Work  
 Other

Ad: \_\_\_\_\_

City, St, Zip  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Cardholder  
\_\_\_\_\_

Please return the completed application, along with a check or credit card authorization for your dues to:

**AACT**  
110 W. Lancaster Avenue  
Suite 230  
Wayne, PA 19087

Toll Free:  
877-377-TOXX (8699)

Phone: 610-616-5633  
Fax: 610-572-3635