



ACPU

Association of Clinical Pharmacology Units

Membership Application

Annual Dues - \$100.00

Membership runs one year from receipt of membership dues

Name: _____ Degree: _____

Title: _____

Business address: _____

E-mail address: _____

Daytime phone: _____ Fax: _____

Company affiliation: _____

Please describe your job responsibilities: _____

Membership Agreement

As a member of the Association of Clinical Pharmacology Units, I agree that I will comply with the bylaws of the organization, including the directive listed in Article II- Mission, "This organization is not a forum to promote individual and/or commercial interests."

Signature _____ Date _____

Make checks payable to: Association of Clinical Pharmacology Units
Tax ID # 94-3159147 or you can pay at the ACPU.net website.

Check Enclosed: _____ Payment via website: _____

Mail this form and your check to:

Ali Craig-Rodriguez
9913 Laurel Valley Avenue Circle
Bradenton, FL 34202

For questions regarding membership: 847-937-5850 kathleen.white@abbvie.com