



# ACPU

Association of Clinical Pharmacology Units

## 2011-2012 Membership Application

*Annual Dues - \$100.00  
1 January 2012 – 31 December 2012  
(2012 annual meeting)*

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](http://ACPU.net) website.

Mail this form and your check to:

Kathy White  
Abbott  
1324 N. Sheridan Road  
Waukegan, IL 60085

For questions regarding membership: 847-360-4172 or 847-937-5850  
[kathleen.white@abbott.com](mailto:kathleen.white@abbott.com)