**MEMBERSHIP APPLICATION FORM**

**Swiss Society of Experimental Pharmacology**

Last name: First name:

Date of birth: Place of birth:

Education:

Title:

Supervisor/Lab head name:

Business address (Company/University):

 (Department/Institute):

 (Street/Number):

 (ZIP code & town):

 (country):

Phone number:

e-mail address:

Home address:

Scientific activity:

Place: Date: Signature:

This form has to be sent by email as single pdf file to the SSEP secretary together with a short *curriculum vitae*, a listing of your publications, and signed by two regular members of the SSEP ("sponsors").

*Address of the SSEP secretary:* Georgia Konstantinidou, PhD, Institute of Pharmacology, University of Bern, INO-F Inselspital, 3010 Bern, +4131 632 3290, e-mail: georgia.konstantinidou@unibe.ch

The persons undersigning this form certify that the written information is correct and recommend to accept the applicant as a member of the Swiss Society of Experimental

Pharmacology.

Name and signature, first sponsor: Name and signature, second sponsor:

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