

MEMBERSHIP APPLICATION FORM
Swiss Society of Experimental Pharmacology

Last name: _____ First name: _____
Date of birth: _____ Place of birth: _____
Education: _____
Title: _____
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: Prof. Patrycja Nowak-Sliwinska, University of Geneva School of Pharmaceutical Sciences, CMU-A06.2715c, 1211 Geneva 4. Tel. +41 22 379 32 86. Patrycja.Nowak-Sliwinska@unige.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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