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| --- | --- | --- | --- |
| **Full Name** |  | **English Name** |  |
| **Date of Birth** | YYYY/MM/DD | **Telephone** |  |
| **Email Address** |  | **Mobile Phone** |  |
| **Title**(Program / Grade) |  | **Fax** |  |
| **Mailing Address** | □□□-□□□(Postal Code) |
| **Current Institution****(Current school / Department)** |  |
| **Highest Educational Qualification:****(School, Department/Institute, Degree)** |  |
| **Experience** |  |
| **Referees from the Society**(Two current regular members required) | 1. | **Signature** |  |
| 2. | **Signature** |  |
| **Membership Type**(The entrance fee is only required in the year of joining) | □ Regular Member – NT$200 entrance fee & NT$400 annual membership fee□ Student Member – NT$100 entrance fee & NT$200 annual membership fee□ Lifetime Member – NT$10,000 one-time fee (lifetime membership, no further dues) |
| **Declaration**:I agree with the purpose of your society and hereby apply for membership. I will comply with the society’s regulations and collaborate in its development. I respectfully request approval of this application.**Applicant Signature:****Date:** |

**Instructions:**
After completing this form and obtaining signatures from two referees (regular members), please scan and email it to the Taiwan Society of Pharmacology Secretariat: **tpharmacol@gmail.com**

**Payment Methods:**

1. Cash payment at the Annual Biomedical Science Conference.
2. Bank transfer:
	* Bank: Cooperative Bank, Kaiyuan Branch (Code 006)
	* Account Number: 5230-871-000119
	* Account Name: The Pharmacological Society in Taiwan
	* If you use bank transfer or ATM, please scan or take a photo of the payment receipt and email it to the Secretariat (tpharmacol@gmail.com)