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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)