



APPLICATION FOR MEMBERSHIP

Please make sure you complete this form in full for a faster process of your application.

SURNAME **PROF/DR/MR/MS/MRS**
(please circle)

FORENAMES

ADDRESS FOR CORRESPONDENCE

.....
.....

..... **POSTCODE:**

DAYTIME TELEPHONE **FAX:**

EMAIL ADDRESS:

PRESENT EMPLOYER: **PRESENT POSITION**

From time to time we may distribute information to members via email, would you like to be included in emailing?

Yes No

ACADEMIC QUALIFICATIONS

Degree or equivalent (e.g. BSc)	University or awarding body	Dates of study		Subject(s)	Class/Grade
		To	From		

WORK ORGANISATION (please select the closest)

- 1 Pharmaceutical Industry
- 2 Biotech Industry
- 3 Agrochem Industry
- 4 Academic
- 5 Government
- 6 Hospital
- 7 Research Institute
- 8 Full Time Education
- 9 Other

Scientific Discipline (please select the closest)

- 1 Biology
- 2 Pharmacology
- 3 Medicinal Chemistry
- 4 Medicine
- 5 Pharmacy
- 6 Toxicology
- 7 Pre-Clinical
- 8 Clinical
- 9 Other

APPLICANT'S SIGNATURE **DATE**

Membership Subscription Fees:

- **Ordinary Members (Paying by direct debit) - £25.00**
- **All Members (Paying by Cheque / continuous credit card) - £30.00 (£25.00 + £5.00 surcharge)**
- **Retired Members (Paying by direct debit) - £25.00**
- **Retired Members – No Fee (Once you have been a member of the society for 5 Years)**

Please send with direct debit form, continuous credit card form (deductions will be shown on your statement with the reference **SMR**) or a cheque (made payable to **SMR**) to: **SMR Secretariat, 840 Melton Road, Thurmaston Leicester LE4 8BN, Tel: 0116 269 1048, Fax: 0116 264 0141**

We must receive the original direct debit form the bank will not accept faxed copies.