



# IDARS MEMBERSHIP APPLICATION



I wish to apply for membership in the International Drug & Alcohol Research Society (IDARS).

For Renewal Please Check \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: .....

First Name: .....

Degree (s): .....

Department: .....

Institution: .....

Address: .....

City: ..... State/Province: ..... Zip/Postal Code: .....

Country: .....

Business Phone: (include country and area code): .....

FAX: (include country and area code): .....

Email: .....

Research Interest: \_\_\_\_\_

Check Desired Class of Membership:

\_\_\_ Regular Annual Dues: US \$150.00                      Signature: \_\_\_\_\_

\_\_\_ Post Doctoral Annual Dues: US \$100.00              Signature: \_\_\_\_\_

\_\_\_ Student Annual Dues: US \$ 100.00                    Signature: \_\_\_\_\_

Donation \$ \_\_\_\_\_

**Checks should be made payable to the International Drug & Alcohol Research Society.**

A completed signed form, along with a copy of curriculum vitae, should be sent by mail to:

**IDARS**

Syed F. Ali, Ph.D.

10 Point South Court

Little Rock, AR 72211

Email: [IDARS2026@gmail.com](mailto:IDARS2026@gmail.com)