



IDARS MEMBERSHIP APPLICATION



I wish to apply for membership in the International Drug Abuse 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 \$75.00 Signature: _____

_____ Post Doctoral Annual Dues: US \$30.00 Signature: _____

_____ Student Annual Dues: US \$ 30.00 Signature: _____

_____ Donation \$ _____

Checks should be made payable to the International Drug Abuse 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.
Head, Neurochemistry Laboratory
Division of Neurotoxicology, HFT-132
National Center for Toxicological Research
3900 NCTR Road
Jefferson, AR 72079-9502, USA
Tel: 870-543-7123; Fax: 870-543-7745
Email: Syed.ali@fda.hhs.gov