

WEST AFRICAN SOCIETY OF TOXICOLOGY (WASOT)

MEMBERSHIP APPLICATION FORM

1. Personal details

SURNAME: _____ Prof/Dr/Mr//Mrs/Miss/Ms
(please circle)

FORENAMES: _____

DATE OF BIRTH: _____

ADDRESS FOR CORRESPONDENCE:

Tel.No: _____

Fax No.: _____

E-mail: _____

INSTITUTIONAL AFFILIATION:

Job Title: _____

Employer: _____

Address: _____

2. AFFILIATION TYPE (tick all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Food Industry | <input type="checkbox"/> Oil Industry |
| <input type="checkbox"/> Agrochemical Industry | <input type="checkbox"/> Independent Consultancy | <input type="checkbox"/> Pharmaceutical Industry |
| <input type="checkbox"/> Automotive Industry | <input type="checkbox"/> International Organization | <input type="checkbox"/> Petrochemical Industry |
| <input type="checkbox"/> Chemical Industry | <input type="checkbox"/> Medical/Clinical | <input type="checkbox"/> Regulatory/Governance |
| <input type="checkbox"/> Commercial Research Organization | <input type="checkbox"/> Mining | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Cosmetics/Toiletries | <input type="checkbox"/> Non-Commercial Research Institute | <input type="checkbox"/> Student |
| | | <input type="checkbox"/> Others (please specify): |

3. ACADEMIC QUALIFICATIONS

Degree or equivalent	University or Awarding body	Dates of study From/To	Subjects	Class/Grade
First degree				
Higher degree(s)				

PROFESSIONAL QUALIFICATIONS (State additional professional postgraduate scientific qualifications related to toxicology)

4. TYPE OF MEMBERSHIP

- Full membership – N20,000.00
- Associate membership – N15,000.00
- Honorary membership – N10,000.00
- Emeritus membership – NO ANNUAL DUES
- Student membership – N5,000.00 (Please complete the declaration section 5 below)
- Corporate Associates – N100,000.00

5. SPONSORS

Give names and contact addresses of two individuals who have agreed to sponsor your application

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Tel. No. _____	Tel. No. _____
E-mail _____	E-mail _____
Relationship to applicant in respect to employment or education	Relationship to applicant in respect to employment or education
_____	_____

6. STUDENT DECLARATION

I confirm that the above applicant is a **FULL TIME** student (YES/NO)

Expected date of completion

Course of study

Institution

Head of Department (Full Name in Capitals):

Signature of HOD..... Date

7. DECLARATION

I wish to be considered for membership of West African Society of Toxicology (WASOT).

Every member of the Society, shall at all times so order his/her conduct as to uphold the dignity and reputation of the profession of toxicology and to safeguard the public interest in matters of safety and health and otherwise. He/She shall exercise his professional skill and judgement to the best of their ability and discharge their professional responsibilities with integrity.

Signed _____ Date _____

COMPLETED FORMS SHOULD BE RETURNED, TOGETHER WITH YOUR APPLICATION FEE, TO:
THE SECRETARY, WEST AFRICAN SOCIETY OF TOXICOLOGY (WASOT)