



## MEMBERSHIP APPLICATION FORM

**Please use BLOCK capitals.**

*e-mail is the preferred method of communication so please ensure that your e-mail address is written clearly*

\*First Name: .....

\*Family Name: .....

\*Title: .....

Organisation: .....

\*Full Mailing address:

.....

.....

.....

.....Postcode.....

\*E-mail address .....

Telephone .....

### **MEMBERSHIP CATEGORIES and fee payable (including VAT)**

**1 Years Membership £60 ☐**

**3 Years Membership £150 ☐**

**5 Years Membership £225 ☐**

**Student Membership £15 pa ☐**

**Retired and those seeking employment £15 pa ☐**

\* Required Information

**ACADEMY EXPERTS DATABASE**

**Please only complete this section if you would like your details to be held on our Experts Database**

**AREA(S) OF EXPERTISE** (please tick one or more boxes)

- |                                |                          |  |                          |
|--------------------------------|--------------------------|--|--------------------------|
| 1. Analytical chemistry        | <input type="checkbox"/> | 8. Pharmacy Education                    | <input type="checkbox"/> |
| 2. Biopharmaceutics            | <input type="checkbox"/> | 9. Pharmacognosy                         | <input type="checkbox"/> |
| 3. Drug Delivery               | <input type="checkbox"/> | 10. Pharmacology                         | <input type="checkbox"/> |
| 4. Drug Metabolism             | <input type="checkbox"/> | 11. Tissue Engineering                   | <input type="checkbox"/> |
| 5. Drug Delivery               | <input type="checkbox"/> | 12. Therapeutic Biomolecule and Vaccines | <input type="checkbox"/> |
| 6. Materials Science           | <input type="checkbox"/> |  |                          |
| 7. Pharmaceutical Microbiology | <input type="checkbox"/> |  |                          |

Please include up to three concise sentences describing your expertise.....  
.....  
.....

Please include five relevant scientific key words.....  
.....  
.....

The Academy Experts Database is searchable by Full Academy members (**NOT Student Members**). A search by keywords will reveal your name, position and a description of your area(s) of expertise. All requests to contact you, will be relayed to you by the APS Secretariat or a member of the Board of Directors

By indicating my area(s) of expertise, I agree for my details to be held on the APSGB searchable database and to be contacted by the APSGB Secretariat or a member of the Academy Board of Directors, should there be a request for expertise within the areas indicated above.

**FOCUS GROUPS: WHICH YOU WOULD LIKE TO JOIN**  
(Please tick one or more boxes)

- |                            |                          |  |                          |
|----------------------------|--------------------------|--|--------------------------|
| 1. Biologics               | <input type="checkbox"/> | 11. Protein delivery   | <input type="checkbox"/> |
| 2. Biopharmaceutics        | <input type="checkbox"/> | 12. Skin   | <input type="checkbox"/> |
| 3. Coating                 | <input type="checkbox"/> | 13. Please tick here if you would like to initiate a new Focus Group | <input type="checkbox"/> |
| 4. Compaction              | <input type="checkbox"/> | Title of proposed Focus Group.....                                   |                          |
| 5. Inhalation              | <input type="checkbox"/> | .....  |                          |
| 6. Materials Science       | <input type="checkbox"/> |  |                          |
| 7. New Scientists          | <input type="checkbox"/> |  |                          |
| 8. Pharmaceutical Colloids | <input type="checkbox"/> |  |                          |
| 9. Pharmacognosy           | <input type="checkbox"/> |  |                          |
| 10. Photostability         | <input type="checkbox"/> |  |                          |

**Payment**

By cheque in GB pounds sterling, made payable to "Academy of Pharmaceutical Sciences"  
Alternatively we are able to accept payment by **Visa, MasterCard, American Express and Maestro. Payment may be made through our web site "www.APSGB.org"** or by post / fax using this form.

Name on Card: ..... Expiry date: .....

Card Number: .....

"By completing and returning this form you agree to allow **APSGB** to hold and process data about your **membership/registration** on computer and to share this information with third parties as may be required. **APSGB** does not rent or sell any data to any other companies or organisations

Signed..... Date.....

Please return to: - APS Secretariat, 840 Melton Rd. Thurmaston, Leicester. LE4 8BN  
Fax. 0116 2640141. Tel. 0116 2692299 email [aps@associationhq.org.uk](mailto:aps@associationhq.org.uk)