

# American Society of Iranian Pharmaceutical Scientists (ASIPS)

## Membership Application

Please Print or Type

Member #

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### Membership (Yearly Fee)

**Member \$50.00      Student/Fellow \$20      Academic \$30      Additional Contribution \$\_\_\_\_\_**

Please complete, sign, and submit the application with dues and one copy of your resume to:

**ASIPS, Attention: Parviz Mojaverian, 6700 W. 115th Street, Overland Park, Kansas 66211-1553 .**

### PERSONAL RECORD

Last Name	First	Middle Initial	Date of Birth (Optional)		
Home Address (Optional)		City	State	Zip	Phone: Home (____)
Company Name			Job Title		
Company Address		City	State	Zip	Phone: Business (____)
E-mail Address:					

### EDUCATIONAL RECORD

(Please start with the highest degree)

INSTITUTION (Name/Location)	Dates Attended		Degree	Major	Date Received
	From	To			

### PROFESSIONAL EXPERIENCE

(Please start with the latest position)

Date To	Date From	Name and Address of Employee (or Venture)	Title or Position

Professional Affiliations:    \_\_\_AAPS            \_\_\_ACCP(Pharmacology)    \_\_\_ASHP  
 (Please Check)                \_\_\_APhA            \_\_\_ACCP(Pharmacy)            \_\_\_\_\_(Others)