



# MEMBERSHIP APPLICATION FORM

Slovak Toxicology Society SETOX

## Applicant

Name: / /

Date of Birth / / Optional: Male Female

## Institution

Name:

Department:

Street Address:

City/State/Zip/Country:

Work Phone:

Home Phone:

Fax:

Email:

**DOCTORAL DISSERTATION TITLE** (if applicable):

**RESEARCH TOPIC:**

**WHICH FACTOR INFLUENCED YOU TO FILL OUT OUR MEMBERSHIP APPLICATION?**

MEETING MAILER COLLEAGUE WEB OTHER:

### **IMPORTANT INFORMATION:**

**Mail your application to:**

Slovak Toxicology Society SETOX, Dubravská cesta 9, Bratislava, SK-841 04 SLOVAKIA

**Send no money now:** you will receive a dues statement upon approval of membership.

**Questions?**

Call: +421-2-59410-664 • Fax: +421-2-5477-5928 • E-mail: [info@setox.eu](mailto:info@setox.eu) • Web: [www.setox.eu](http://www.setox.eu)