

Controlled Release Society Illinois Student Chapter Membership Application

Personal Data

The address listed is: Business Home

Check the appropriate box: Mr. Mrs. Ms. Dr.

Name _____
First M.I. Last

Title _____

Degree _____

Company/Institution _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Telephone _____

Fax _____

E-mail _____

Note: *The information you provide us below will remain confidential.*

I would like to attend these events (you may check all):

- Industry tour
- Social events
- Seminar
- Competitive events (contests for paper writing etc)
- High School Fairs (outreach program)

I have the following suggestions to improve or add the events organized by the Chapter:

Area of interest:

If you would like to be a member of our CRS parent society, you should fill out their membership form as well.

Please contact www.controlledreleasesociety.org

Current Memberships

Please indicate the associations of which you are already a member:

- AAPS
- SFB
- Other _____
- ACS
- BMES

Please check if you would like to join:

- Web Committee
- Events Committee
- Membership Committee

Membership Dues

Paid membership includes free registration at CRS Illinois student chapter events

- Student/Post doc \$10.00
- Faculty \$20.00

Agreement: I accept to receive information from CRS Illinois Student Chapter via e-mail, and acknowledgement that my contact information will appear on the CRS Illinois Student Chapter website in the online membership directory, unless I have stated otherwise.

Applicant Signature

Month/Year

Please return the completed form to:
Mailing address: CRS-IL Student Chapter (Misuk Bae), University of Illinois at Chicago
335 College of Pharmacy Building 833 South Wood Street (MC 865) Chicago, IL 60612
E-Mail: Misuk Bae, mbae3@uic.edu