

IPCP Membership Application Form (Regular Members)

Last name: _____

First name: _____

E-mail address: _____

Affiliation:
(institution,
city, country) _____

Degree(s): _____

- Field/
discipline
(please check)
- chemistry (analytical, environmental, ...)
 - toxicology (environmental, ...)
 - ecotoxicology (terrestrial, aquatic, ...)
 - engineering (environmental, chemical, modeling,...)
 - biology, ecology
 - medicine and health
 - epidemiology
 - environmental monitoring
 - other; please specify: _____

Summary of scientific interests and research activity:

The annual membership fee is USD 20.00 per person. Upon application, scientists from developing countries can have their fee waived.

I hereby declare that I want to join the International Panel on Chemical Pollution, IPCP, as a **regular member** (see IPCP by-laws for rights and duties of regular members):

Place, date

Signature

I also want to sign the IPCP declaration at www.ipcp.ch.

Please fill in and sign this form and send it by fax to +41-44-632 11 89 or scan it and send it as a pdf by e-mail to membership@ipcp.ch.