



IDARS MEMBERSHIP APPLICATION



I wish to apply for membership in the International Drug & Alcohol Research Society (IDARS).

For Renewal Please Check _____ Date: _____

Last Name:

First Name:

Degree (s):

Department:

Institution:

Address:

City: State/Province: Zip/Postal Code:

Country:

Business Phone: (include country and area code):

FAX: (include country and area code):

Email:

Research Interest: _____

Check Desired Class of Membership:

___ Regular Annual Dues: US \$150.00 Signature: _____

___ Post Doctoral Annual Dues: US \$100.00 Signature: _____

___ Student Annual Dues: US \$ 100.00 Signature: _____

Donation \$ _____

Checks should be made payable to the International Drug & Alcohol Research Society.

A completed signed form, along with a copy of curriculum vitae, should be sent by mail to:

IDARS

Syed F. Ali, Ph.D.

Email: IDARS2026@gmail.com