Vermont Chapter of the Society for Neuroscience

Membership - Application Form

NAME: ________________________________________________________________

DEPARTMENT: ___________________________________________________________

INSTITUTION: ___________________________________________________________

BUSINESS MAILING ADDRESS: ___________________________________________

PHONE: _______________________________________________________________

EMAIL: _______________________________________________________________

MEMBERSHIP INFORMATION:

_____ Faculty ($25.00)  _____ Postdoctoral Associate ($20.00)

_____ Staff ($20.00)  _____ Student ($10.00)

Briefly describe your interest in becoming a member of the Vermont Chapter of the Society for Neuroscience (e.g., personal or professional related research or activities.)

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________________________________________________________________________

Please make check payable to the Vermont Chapter Society for Neuroscience. Send completed form and payment to:

Vermont Chapter - Society for Neuroscience
University of Vermont
Given C427 Given Building
89 Beaumont Avenue
Burlington, VT 05405

Thank you!