

ARKANSAS CHAPTER SOCIETY FOR NEUROSCIENCE

2009 MEMBERSHIP RENEWAL OR APPLICATION FORM

\$ _____	\$25.00	Regular Membership Dues
\$ _____	\$ 5.00	Student Membership Dues
\$ _____		Tax Deductible Donation
<u>\$ _____</u>		TOTAL

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Main Research Interests (New applicant/update): _____

MEMBER OF SOCIETY FOR NEUROSCIENCE? _____ YES?
(Note, membership in national society is not a requirement for chapter membership.) _____ NO?

OK TO PUBLISH ABOVE INFORMATION IN ACSN DIRECTORY? _____ YES?
_____ NO?

Make check payable to : UAMS Foundation Fund. It will be deposited in the ACSN subaccount. ***NOTE to UAMS Faculty: Funds from a UAMS account (i.e. purchase order) can not be deposited in the Foundation Fund. Only funds from another Foundation Fund account can be deposited or a personal check. Please do not process a purchase order, it will be refused by the Foundation Fund.***

RETURN THIS FORM BY OCTOBER 24, 2008 TO:

Rosemary Cornett
Project Program Specialist
Department of Neurobiology and Developmental Sciences
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