

ARKANSAS CHAPTER SOCIETY FOR NEUROSCIENCE

2015 MEMBERSHIP RENEWAL OR APPLICATION FORM

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FOR RENEWAL PLEASE PROVIDE NAME ONLY UNLESS OTHER INFORMATION HAS CHANGED. FOR NEW MEMBERSHIP PLEASE COMPLETE ENTIRE APPLICATION FORM.

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Main Research Interests (New applicant/update): _____

Make check payable to: UAMS Foundation. It will be deposited in the ACSfN subaccount. ***NOTE to UAMS Faculty: Funds from a UAMS account (i.e. purchase order drawn on State of Arkansas funds) can't be deposited in the Foundation. Only funds from another Foundation account can be deposited or a personal check. Please do not process a purchase order issued through State of Arkansas funds; it will be refused by the Foundation.***

RETURN THIS FORM WITH CHECK BY NOVEMBER 7, 2014 TO:

Rosemary Cornett
Grants Administrator/ACSFN Administrator
Department of Neurobiology and Developmental Sciences
UAMS, Slot 773
4301 W. Markham Street
Little Rock, AR 72205