

ARKANSAS CHAPTER SOCIETY FOR NEUROSCIENCE

2019 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.

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Main Research Interests (New applicant/update): _____

Make check payable to: ACSfN account. *Or you can transfer money to Bank of America account: Arkansas Chapter of the Society for Neuroscience (Account# 4870 0464 5437, ACH Routing# 082000073)*

RETURN THIS FORM WITH CHECK BY OCTOBER 18, 2018 TO:

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