

Institutional Program Membership Application Form

Society for Neuroscience (SfN) Institutional Program (IP) membership is currently available for formal programs at educational or research facilities that include undergraduate, pre-doctoral, or postdoctoral trainees engaged in neuroscience research and/or study, and that provide the necessary expertise in a wide range of interdisciplinary scientific skillsets to trainees that propels the scientific enterprise towards discovery and an understanding of the workings of the nervous system*.* IP Membership eligibility is extended to:

* Academic departments and programs that award undergraduate major or advanced degrees in neuroscience, or neuroscience-related disciplines (i.e. psychology, biomedical engineering);
* Non-degree granting training entities, such as:
	+ Short-term training grants;
	+ Post-baccalaureate programs;
	+ Organizations with summer neuroscience programs;
	+ Non-degree granting research institutes or centers;
	+ Postdoctoral training programs at pharmaceutical or biotechnology companies;

This may include a variety of administrative structures, including, but not limited to a subsection of a larger department or training program, a separate department, or an interdepartmental program. As a SfN IP member, your program/department will be included in the online, searchable [Directory of Neuroscience Training Programs](https://www.sfn.org/careers-and-training/training-program-directory) on SfN.org, among other benefits. All IP membership applications are reviewed by the SfN governing committee, the [Neuroscience Training Committee](https://www.sfn.org/About/Volunteer-Leadership/Committees/Neuroscience-Training-Committee), and are subject to the committee’s approval. If you are interested in more than one type of membership (e.g. graduate and postdoctoral memberships), please submit separate applications for each membership.

 **Membership Fees** (two year memberships receive a 10% discount)

*2018 Undergraduate Membership*: $135.00 (1 year) / $243 (2 years)

*2018 Graduate Membership:* $335.00 (1 year) / $603 (2 years)

*2018 Postdoctoral Membership*:$335.00 (1 year) / $603 (2 years)

*2018 Non-degree Granting Training Institution:* $135.00

**Part A – APPLICANT INFORMATION** \* indicates a required field

***Information in Part A will appear in our online directory of neuroscience training programs.***

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| **\*Institution:**       |
| **\*Name of Program (e.g.: Neuroscience Graduate Program, Neuroscience Training Course):**       |
| **\*Type of Program:** [ ]  Undergraduate [ ]  Graduate [ ]  Postdoctoral [ ]  Non-degree granting |
| **Name of Department (if applicable, e.g.: Department of Neuroscience; Department of Anatomy & Neurobiology):**       |
| **\*Program Web Address (URL):**       |
| **\*Degrees and Programs Available (e.g., BS/PhD Neurobiology, PhD Neuropharmacology,****MS in Neuroscience, Behavioral Neuroscience Specialization, Advanced Research Training Courses):** 1.
2.
3.
 |

**Program Description**

|  |  |
| --- | --- |
| **Year Established:**       | **[ ]  Program Currently Affiliated with Training Grant (eg. NIH T32)** |
| **Total # Faculty/Principal Investigators :**       | **Total # Enrolled Full Time Students (if applicable):**       |
| **Total # Graduates/Attendees in the Last Five Years (if applicable):**       |
| **# Faculty/PIs Who Have Supervised Student Theses Projects in Their Labs in the Last Five Years:**       |

**Part B – ADDITIONAL PROGRAM INFORMATION**

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| **Areas of Research:**  Please list areas of research covered by your program (ie. neuroimaging, computational modeling, etc.):  |

**Why are you applying for SfN IP Membership?** Select all that apply from the list below:

[ ]  Increased program exposure online [ ]  Increased program exposure at the SfN Annual Meeting
[ ]  Networking opportunities for faculty [ ]  Networking opportunities for students
[ ]  A listing in the SfN NTP Directory [ ]  Discounted registration for the Graduate School Fair
[ ]  A free eblast to SfN student members [ ]  Access to members-only Neuronline content

[ ]  Other:

**Part C: CONTACT INFORMATION FOR INSTITUTIONAL PROGRAM MEMBER BUSINESS**

*Please provide contact information for the Department Chair and/or Program Director, and please designate* **at least one individual** *who should receive all emails related to SfN IP Member announcements, resources, and renewal notices.*

 ***PROGRAM DIRECTOR (if applicable)***

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| \***Title:**       | [ ]  **Wishes to receive email correspondence about IP member resources** |
| \***Name and credentials:**       |
| \***Mailing Address:**      \***Mailing Address:**  |
| \***E-mail address:**       |
| \***Telephone Number:**       |
| **Fax Number:**       |

***MAIN CONTACT –*** *Primary person to receive email correspondence related to administrative aspects of IP Membership (renewals, keeping Directory listing current) and SfN IP Member resources (newsletter, training resources)*

|  |  |
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| **Title:** [ ]  **Department Chair**[ ]  **Program Director**[ ]  **Program Coordinator** [ ]  **Other**        |  |
| \***Name and credentials:**       |
| \***Mailing Address:**      \***Mailing Address:**  |
| \***E-mail address:**       |
| \***Telephone Number:**       |
| **Fax Number:**       |

***SECONDARY CONTACT-*** *Secondary person to receive email correspondence related to administrative aspects of IP Membership (renewals, keeping Directory listing current) and SfN IP Member resources (newsletter, training resources)*

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| **Title:** [ ]  **Department Chair**[ ]  **Program Director**[ ]  **Program Coordinator** [ ]  **Other**        |  |
| \***Name and credentials:**       |
| \***Mailing Address:**      \***Mailing Address:**  |
| \***E-mail address:**       |
| \***Telephone Number:**       |
| **Fax Number:**       |

***DEPARTMENT CHAIR (if applicable)***

|  |  |
| --- | --- |
| \***Title:**       | [ ]  **Wishes to receive email correspondence about IP member resources** |
| \***Name and credentials:**       |
| \***Mailing Address:**      \***Mailing Address:**  |
| \***E-mail address:**        |
| \***Telephone Number:**       |
| **Fax Number:**       |

**Part D – PAYMENT**

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|  [ ]  Enclosed is a payment of $135.00 (1 year) or $243 (2 years) for Undergraduate Membership [ ]  Enclosed is a payment of $335.00 (1 year) or $603 (2 years) for Graduate Membership[ ]  Enclosed is a payment of $335.00 (1 year) or $603 (2 years) for Postdoctoral Membership[ ]  Enclosed is a payment of $135.00 (1 year) Non-degree Granting Training Institution Membership |
| [ ]  ***Check*** | **Make check** **payable to “Society for Neuroscience”****Mail check to:** Society for Neuroscience, Membership Department1121 14th Street NW Suite 1010 Washington, DC 20005 |
| [ ]  ***Credit card*** | **Credit card payments must be submitted online. To pay by credit card, check the box at the left, and we will contact the individuals listed in Part C on the application with online payment instructions once the application is approved.** |

**Part E – AUTHORIZATION**

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| **Date of Submission:**       |
| **Person Submitting Application** | **Name:**       |
| **Title:**       |