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 have full member access to all Neuronline content and be included in the online, searchable Directory of Neuroscience Training Programs on SfN.org, among other benefits. All IP membership applications are reviewed by the SfN governing committee, the 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)

2020 Undergraduate Membership:	$140.00 (1 year) / $252 (2 years)
2020 Graduate Membership:	$350.00 (1 year) / $630 (2 years)
2020 Postdoctoral Membership:	$350.00 (1 year) / $630 (2 years)
2020 Non-degree Granting Training Institution:	$140.00 (1 year)

Part A – APPLICANT INFORMATION   * indicates a required field
Information in Part A will appear in our online directory of neuroscience training programs.

*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):   a.   b.   c.

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

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)

***Title:**	☐ **Wishes to receive email correspondence about IP member resources**
***Name and credentials:**	
***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)*

Title: ☐ Department Chair ☐ Program Director ☐ Program Coordinator ☐ Other	
*Name and credentials:	
*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)*

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

DEPARTMENT CHAIR (if applicable)

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

Part D – PAYMENT

☐ Enclosed is a payment of $140.00 (1 year) or $252 (2 years) for Undergraduate Membership
☐ Enclosed is a payment of $350.00 (1 year) or $630 (2 years) for Graduate Membership
☐ Enclosed is a payment of $350.00 (1 year) or $630 (2 years) for Postdoctoral Membership
☐ Enclosed is a payment of $140.00 (1 year) Non-degree Granting Training Institution Membership

☐ *Check*	**Make check payable to "Society for Neuroscience"** **Mail check to:** Society for Neuroscience, Membership Department 1121 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

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