

Sustaining Associate Membership

Complete form and return to:

Society for Neuroscience 1121 14th Street NW, Suite 1010 Washington, D.C. 20005

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Company Name Company Address Email Address Web Address Sustaining Associate ID # (for renewing organizations) Primary Contact Information The representative listed below will be the primary contact receiving membership information including SfN publications and renewal information. Contact Name Contact Address Business Phone (area code) Email Address Complimentary Registration Recipient Information (if known) The representative listed below will receive complimentary registration and priority housing. Recipient Name Recipient Address Desired Class of Membership* Platinum Gold Silver Nonprofit "Membership is valid for the current calendar year. Information on SAM benefits and membership due rates can be found at sfn.org/Member-Benefits/Sustaining-Associate-Member-Benefits Payment (check one)	The address in	nformation below	will be used for yo	our website, Neurosci	ence Quarterly, and SfN annual meeting publications li	sting.			
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☐ Check or money order in U.S. dollars on a U.S. bank made payable to "Society for Neuroscience" or "SfN"

☐ To submit payment with a credit card, please contact member services at 202-962-4911