



The Asian Pacific Society for Neurochemistry

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name (First):	(Last / Surname):
Date of birth:	Nationality:
Degree/Discipline:	Awarding University:
E-mail address:	
Telephone (Office):	(Mobile):
Fax number:	

AFFILIATION

Department:	University or Institution:
Mailing Address:	
Postal Code:	
Country:	

RESEARCH INTEREST

APPLICATION

Please read explanatory notes

Type of membership being applied for:

REGULAR

STUDENT

CORPORATE

Country (to determine membership dues category):

SIGNATURE

I confirm that all information given in support of this application is true to the best of my knowledge.

Signature of applicant:	Date:
Name:	

NOTE:

1. All membership application must be made in this form.
 2. Please enclose a short c.v. with a list of recent publication (previous 5 years).
 3. For student membership, evidence of student status is required.
 4. Electronic submission (pdf format) via e-mail is preferred but the application form must be signed.
 5. Please send applications to:
Dr. Peter T.-H. Wong, Ph.D
Hon. Treasurer, APSN
c/o Department of Pharmacology,
Yong Loo Lin School of Medicine
National University of Singapore
18 Medical Drive
Singapore 117597
E-mail: phcwth@nus.edu.sg
Tel: (65)6874 3224
Fax: (65)68737690
-

FOR OFFICAL USE**Decision:**

Approve / Decline

Type of Membership:

Regular / Student / Corporate

Membership dues category:

Corporate (US\$100)

Regular I (US\$40) / II (US\$30) / III (US\$20) / IV (US\$15)

Student (US\$10)

Membership dues:

Received / Not Received