



## Membership Application Form

Type of Membership                      **Regular**                      **Student**                      **Corporate**

First Name                      Middle Name(or initial)                      Last Name

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Date of Birth (dd.mm.yyyy)                      Nationality

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Phone                      Mobile

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Fax                      E-mail

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Mailing Address

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Degree(s)                      Date(s) Received

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Degree Pursuing\*                      Date Expected

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**\*NOTE:** When applying to or renewing student membership, enclosing your student ID as a graduate student is mandatory.

Affiliation                      Department

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Referee 1                      Referee 2

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

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# ASIAN-PACIFIC SOCIETY FOR NEUROCHEMISTRY

Research Interest

Curriculum Vitae  
(short version with recent publication list)

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

Signature

Date

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To submit your application email: [sunwoong.APSN@gmail.com](mailto:sunwoong.APSN@gmail.com)