



# MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

## American Society for Neural Therapy and Repair

Membership in the Society is open to persons who have demonstrated a commitment to promoting and encouraging education and research with respect to Neural Transplantation and/or Repair. For more information, call (813) 974-3154 or Fax (813) 974-3078 or e-mail [dmorriso@health.usf.edu](mailto:dmorriso@health.usf.edu). There are currently five categories of membership:

- **Fellows** shall be chosen from members who have made substantial contributions to the field of neural transplantation and have been members **for at least three years**.
- **Regular Members** shall be limited to scientists who are actively engaged in research or practice of neural transplantation as documented by a significant number of publications in referred journals.
- **Associate Members** shall be students with at least one year minimum of graduate work and strong letters of support from faculty familiar with their research, stating that the applicant has demonstrated a commitment to Neural Transplantation and/or Repair as documented by several publications and/or meeting presentations.
- **Affiliate Members** shall include individuals interested in the Society's objectives but who do not meet the requirements for another membership category.
- **Sustaining Members** are individuals or organizations that support the Society's objectives and that are invited on an annual basis, by vote of the Finance Committee and with approval of the President, to become members of the Society.

A. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Professional Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Highest Degree Earned: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Institution: \_\_\_\_\_

**B. MEMBERSHIP CATEGORY DESIRED:**

- Fellow*
- Regular Member*
- Affiliate Member*
- Associate Member (Student - Enclose Letters)*

C. **SPONSORS:** The undersigned members of the American Society for Neural Transplantation and Repair recommend Applicant for membership in the Society:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

D. **PLEASE ENCLOSE A COPY OF YOUR CURRICULUM VITAE** (*in English*).

E. **ANNUAL DUES** for the ASNTR are (U.S. Dollars) \$100 for Fellows; \$60 for Regular and Affiliate Members; and \$20 for Associate (Student) Members. Please make checks payable to "ASNTR." In the event your application is not approved, your dues will be refunded. (*ASNTR Federal Employee ID Number: EIN62-1576262*)

**PAYMENT BY CREDIT CARD:**

Credit Card Number: \_\_\_\_\_  
 Check One: (*NO other cards accepted.*)  **VISA**  **MASTER CARD** Amount: \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code : \_\_\_\_\_

**PAYMENT BY CHECK:** Amount Enclosed: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_ Date: \_\_\_\_\_

F. Mail completed application and vitae to:  
 Donna C. Morrison  
 Dept of Neurosurgery MDC-78  
 Center for Aging and Brain Repair  
 University of South Florida  
 12901 Bruce B Downs Blvd  
 Tampa FL 33612-4799