

Application form - Brain Research Society of Finland - BRSF

The filled form should be mailed to *Tiina-Kaisa Kukko-Lukjanov, Department of Pharmacology, Drug Development and Therapeutics, Pharma City, Itäinen Pitkäkatu 4 B 20014 University of Turku*

Name (first, family):	
Academic degree:	
Department:	
Institute	
Work address:	
Home Address:	
Preferred contact	Home <input type="checkbox"/> Work <input type="checkbox"/>
Tel. (work):	
Tel. (home):	
Tel. (mobile):	
Fax:	
Email:	

<input type="checkbox"/>	Check here to give us a permission to share your contact information with FENS (for online access to the EJM and for use inside FENS only). Without this permission, you will not get an access to the online EJM.
<input type="checkbox"/>	Check here to give us a permission to share your contact information with a selected list of organizations and companies that were approved by the board of BRSF for this matter

Place and date

Signature of the applicant

With your application, you are asked to supply the Brain Research Society of Finland with names and signatures of two members of the society that recommend you for membership.

1.	_____	_____
	Place and date	Degree, name, and signature
2.	_____	_____
	Place and date	Degree, name, and signature