Members of the Neuroscience Society of Nepal

Neuroscience Society of Nepal is a group of Neuroscientists. There are different categories of members:

1. **General Member**

   Every resident of Nepal who is involved in neuroscience or in a related field is eligible to apply for Regular membership.

   The annual fee for members is NRS 1,000/- (NRS one thousand) per year.

   Membership period will be valid for one year and renewable fee is NRS 1000/- (NRS one thousand) per year.

2. **Founder Member**

   Ad hoc committee members at the time of registration of the society are founding members of NSN automatically. They are life members of the society.

3. **Life Member**

   A person who helps the society by providing lump-sum of 10,000/- (NRS ten thousand) will be a life member according to the bylaws of the society.

4. **Honorary Member**

   A person who has rendered distinguished service to neurosciences can be considered for honorary membership.

5. **Emeritus Member**

   A member who has retired from active employment in the field of neuroscience can apply for emeritus membership.
I wish to become a member of the Neuroscience Society of Nepal. I have read the Rules of the society and agree to abide by it.

1. Last Name: ………………. First Name: ………. Middle Name: …………………

2. Date of Birth: ……………………………………………………………………………………

3. Gender:  Male  □  Female  □

4. Educational Qualification: …………………………………………………………………

5. Designation/Affiliation: ………………………………………………………………………

6. Official Address: ……………………………………………………………………………

   Tel: ………………… Fax: ………………… Email: ……………………………

7. Residential Address: ………………………………………………………………………

   ……………………………………………………………………………………………

   ……………………………………………………………………………………………

   Tel: …………………………… Mobile: ……………………………………………

8. Field of Specialization: ………………………………………………………………………

9. Field of Interest: ……………………………………………………………………………

10. Desired Type of Membership:

    a. General Member  □  b. Life Member  □

Signature of Applicant: …………………….. Date: ………………………………
Neuroscience Society of Nepal
Membership Form

Sponsor

Name: ……………………………………………………………………………………………………………………………..
Position/Title: ……………………………………………………………………………………………………………………
Department: ……………………………………………………………………………………………………………………..
Institute: …………………………………………………………………………………………………………………………..
Address: ……………………………………………………………………………………………………………………………
City: ………………………………… City: …………………………………… Country: ………………………………………
Email: ………………………………………………………………………………………………………………………………..
Phone: ………………………………….. Fax: ………………………………………………………………………………….
NSN Member ID Number: ………………………………………………………………………………………………………

Signature of Sponsor: ………………………………… Date: ……………………………………………………………

• All applicants must enclose curriculum vitae.

For Office Use Only

Membership No. ………………… Type of Membership………………………………………..
Receipt No.…………………………… Date ………………………………………………………………
Date …………………………………… Treasurer’s Signature………………………………………………