|  |
| --- |
|  |
| Economic Fee Waiver Application form ISN will waive ISN membership dues on the basis of an annual request and approval, if the economic condition of a member and/or currency regulations make membership payment a serious hardship.  Please upload a from directly online and submit your request.  **Applications for ISN membership fee waivers due to economical reasons will not be granted for previous years.**  **“I wish to waive my membership fee for \_\_\_\_\_\_\_\_\_\_\_\_” (specify the membership year for which you wish to request a fee waiver; you can only apply for 1 year at a time)**      Surname of Candidate:    First Name(s):    Academic Rank: **Prof. Dr. Mr. Mrs. Ms.**  Department:  University or Organization:                           University or Department website:    Full postal address (Street, P.O. Box, City, State, Postal Code):      Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: International Code:                  Area code:    Telephone No.:            Extension:    E-mail:    Degree (give University and year):       Year that you became a member of ISN:        **Please, provide a letter from your Supervisor and** **a reason for requesting a fee waiver:** Describe below your **personal difficult economic situation.** A general quote such as 'I am based in a low-income country’ is not sufficient as justification for the waiver. Please provide a supporting letter from your supervisor or department head attesting your current difficult economic situation and provide any other documents you feel to be important for your economic fee waiver request. |

|  |
| --- |
| **For completion by the Head of Department:** ***I confirm the above particulars to be correct and the financial need and support of the application.***    Department:    Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Stamp and Approving Signature of Supervisor:** |
| ***Please make sure that the form is signed by your Head of Department, stamped and dated!***  Country of Residency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Should you have any questions, please contact us at [**secretariat@neurochemistry.org**](mailto:secretariat@neurochemistry.org) |