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| Economic Fee Waiver Application formISN 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.   |

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| **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** |