



MEMBERSHIP APPLICATION FORM

Name Surname :
Date of Birth and Place :
Occupation :
Title :
Institution :
Years of experience :
Address :
Telephone :
e-mail :
Date and Signature :

Note: Please send mail the membership application form and membership fee receipt.

Neuroscience Society

Address: Yenibosna merkez mah. Değirmenbahçe cad. İstwest sitesi. B blok. Kat:2 D:18
Bahçelievler/İSTANBUL

norobilimdernegi@gmail.com

Tel: +90 506 370 00 00

Bank account: Türkiye İis Bankası – Swift code: ISBKTRIS
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