



Schizophrenia International Research Society

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545 Mainstream Drive, Suite 110, Nashville, TN 37228-1201

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2009 Membership Application

Membership Year is January 1-December 31, 2009

Please print legibly below. Please return this invoice with payment by January 30, 2009.

MEMBER INFORMATION

NAME

CREDENTIALS

AFFILIATION NAME

DEPARTMENT

ADDRESS

ADDRESS 2

ADDRESS 3

CITY STATE/PROVINCE

ZIP/POSTAL CODE COUNTRY

E-MAIL

BUSINESS PHONE

BUSINESS PHONE

FAX

MEMBER DUES DESCRIPTION

Full Member - \$ 145.00 Full membership is open to all persons with a professional interest in schizophrenia research. This would include but not be limited to, psychiatrists, psychologists, social workers and scientists (M.D.'s, Ph.D.'s, M.S.W.'s and those with other related degrees) in areas pertinent to the discovery of the causes and treatment of psychiatric disorders. Those applying for membership should attach curriculum vitae (CV), letter of recommendation from a current member, documentation of co-authorship in a peer-reviewed journal. Co-authorship may be waived if an individual, in the judgment of the membership committee, brings a contribution to schizophrenia research.

Student/Trainee Membership - \$ 95.00

A student membership is available for those individuals who are either full-time graduate students, medical students, or in the first two years of a post-doctoral fellowship program at a university in a field relevant to schizophrenia research and who in the judgment of their lab director are on their way to become dedicated schizophrenia researchers. A student member will have reduced membership dues for the duration of their status as a student. A letter from the student's immediate supervisor verifying his/her student status and relevant field will be required for membership.

SUBSCRIPTIONS

Membership dues include electronic subscriptions to **Schizophrenia Bulletin** and **Schizophrenia Research** and reduced registration fees for society sponsored congresses.

PAYMENT OPTIONS – U.S. DOLLARS ONLY

Personal/Company Check Enclosed
(Please make checks payable to SIRS)

Visa MasterCard AMEX Discover

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Exp. Date /

Cardholder Signature

Name on Card