

MEMBERSHIP APPLICATION FORM

Tennessee Physiological Society

1. Membership category: Regular Postdoctoral Graduate student Undergraduate student

2. Are you a member of the APS? No Yes (APS membership is not required for TPS membership)

3. If you are an APS member, what is your category of membership? _____

Section affiliation(s) _____

4. Membership in other scientific/academic societies: _____

5. Last name _____ First name _____ Middle _____

6. Date of birth _____ / _____ / _____ Optional: Male Female
month day year

7. Institution _____ Department _____

8. Institutional mailing address: street: _____

Street line 2: _____

City/State/Zip: _____

9. Home or secondary address: _____

City/State/Zip: _____

10. Phone: office/work _____ cell _____ home _____

11. Fax: _____ E-mail: _____

12. Educational status (Students: please provide the month and year you expect to receive your degree)

Dates *Degree* *Institution* *Major field of study* *Advisor*

13. Research/teaching interests (please rank up to three):

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Endocrinology & Metabolism	<input type="checkbox"/> Renal Physiology
<input type="checkbox"/> Cell & Molecular	<input type="checkbox"/> Environmental & Exercise	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Central Nervous System	<input type="checkbox"/> Gastrointestinal & Liver	<input type="checkbox"/> Teaching of Physiology
<input type="checkbox"/> Comparative and Evolutionary	<input type="checkbox"/> Neural Control & Autonomic Regulation	<input type="checkbox"/> Water & Electrolyte Homeostasis

14. Do you work in industry? Yes No

Signature: _____ Date: _____

(type name if filing electronically)

(Students complete page 2)

