**Department of Physiology**

**Request for Professional Membership Funding**

Please submit to Elvira Martinez-Jones (marti221@msu.edu).

**Member Name:** Click here to enter text.

**Name of Professional Organization:** Click here to enter text.

**Membership Dues:** Click here to enter text.

**Membership Period:** Click here to enter text.

By signing below, I confirm that the requested professional membership meets the following criteria:

1. It is required to perform the primary function of the job.
2. It is necessary to maintain required licensures or certification, or
3. It is necessary for a specific research project.

Signed:

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Faculty Member Date

For Administrative Use Only:

Approved Denied

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C. Lee Cox, Ph.D., Chair Date

Comments: