**Department of Physiology**

**Request for Professional Membership Funding**

Please submit to Physiology admin team at psldept@msu.edu.

Forms are returned in 1 – 3 business days

**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member Date

For Administrative Use Only:

Approved Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charles L. Cox, Ph.D Date

Chairperson

Comments: