



**Department of Physiology
Request for Professional Membership Funding**

Please submit to Barbara Bird (birdb@msu.edu).

Member Name:

Name of Professional Organization:

Membership Dues:

Membership Period:

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

C. Lee Cox, Ph.D., Chair

Date

Comments: