

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: _____

(Students complete page 2)

Membership Application (continued) **Applicant Last Name** (please print): _____

Graduate and undergraduate students must provide the contact information of a sponsor who can attest to their student status for membership in the TPS.

Sponsors full name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Sponsor Signature: _____ Date: _____

Mail completed applications to: Tom W. Ecay
 Department of Physiology -East Tennessee State University
 PO Box 70576
 Johnson City, TN 37614

Send no money with your application. A dues statement will be mailed (e-mailed) to you separately.

Questions? Call: Eric Delpire, (615) 343-7409
 Don Thomason, (901) 448-7224
 Tom Ecay, (423) 439-2046

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