



# SBN

## Society for Behavioral Neuroendocrinology

Two Woodfield Lake • 1100 East Woodfield Road, Suite 350 • Schaumburg, IL 60173

Phone: (847) 517-7225 • Fax: (847) 517-7229 • Email: info@sbn.org

### Application for Membership

#### Membership Categories:

- REGULAR MEMBERS:** Any person who (1) has received a PhD or MD degree from an accredited university, and (2) has demonstrated professional competence in and has made scientific contributions to the general field of Behavioral Neuroendocrinology or related discipline may apply for membership in the Society.
- STUDENT MEMBERS:** Any student enrolled in a program providing predoctoral education and training in Behavioral Neuroendocrinology or related discipline may apply for a student membership. Verification of student status, in the form of a written statement from the graduate advisor or department head, is required.
- ASSOCIATE MEMBERS:** Any person not conforming to the above requirements, or any institution with a scientific interest in Behavioral Neuroendocrinology may apply for an Associate Membership.

Name \_\_\_\_\_ Gender M or F

Degree(s) \_\_\_\_\_ Preferred Mailing Address  Office  Home  
Institution \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Web page URL \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### Membership Directory:

- Yes, please include me in the membership directory.
- No, do not include me in the membership directory.

**If accepted for membership, I hereby agree to abide by the Constitution and Bylaws of the Society for Behavioral Neuroendocrinology.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **Membership Categories:**

### ***Student Instructions:***

A student membership application must be supplemented with a letter of support written by a faculty sponsor. This letter of support must be on your institution's letterhead. Please direct your faculty sponsor to the Membership section of the SBN website so he/she can upload a letter of support for you.

### ***Regular Members:***

To be accepted as a regular member, you have to submit a website address, or send a CV, or an NIH or NSF-styled biosketch that illustrates that you meet the requirements listed for regular members at the top of this application.

### ***Associate Members:***

To be accepted as an associate member, you must submit a CV with evidence of interest in the field of Behavioral Neuroendocrinology.

## **Application Fee/Dues**

- Regular or Associate Membership: \$150 (Student rate \$50)
- Regular or Associate Member plus online subscription to Hormones and Behavior \$236 (student rate: \$116)
- Regular or Associate Member plus print subscription to Hormones and Behavior \$285 (student rate: \$148)
- Regular or Associate Member plus print and online subscription to Hormones and Behavior \$371 (student rate: \$214)

## **Payment Options:**

- Check (Payable to Society for Behavioral Neuroendocrinology)
- Credit Card (Circle):            Visa            MasterCard    American Express

Card Number \_\_\_\_\_

CVV # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Please forward application and supporting documents to:**

**Society for Behavioral Neuroendocrinology**  
Membership Department  
Two Woodfield Lake  
1100 East Woodfield Road, Suite 350  
Schaumburg, IL 60173  
Phone: (847) 517-7225 • Fax: (847) 517-7229  
Email: info@sbn.org



# SBN

## Society for Behavioral Neuroendocrinology

### Applicant Information Survey

Name \_\_\_\_\_ Sex M or F

Title (i.e. graduate student, post doc, assistant professor, etc.): \_\_\_\_\_

Departmental affiliations: \_\_\_\_\_

Current institutions: \_\_\_\_\_

Date of highest degree and institution: \_\_\_\_\_

Email Address \_\_\_\_\_

#### Ethnicity: (optional)

- |                                                           |                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Caucasian                                 |

Citizenship: \_\_\_\_\_

What is your specialty? \_\_\_\_\_

#### Areas of Research Interest (check as many as applicable):

- |                                                  |                                                      |
|--------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Female sexual behavior  | <input type="checkbox"/> Learning and memory         |
| <input type="checkbox"/> Male sexual behavior    | <input type="checkbox"/> Neuroanatomy                |
| <input type="checkbox"/> Maternal behavior       | <input type="checkbox"/> Endocrinology               |
| <input type="checkbox"/> Aggressive behavior     | <input type="checkbox"/> Neuroimmunology             |
| <input type="checkbox"/> Affiliative behavior    | <input type="checkbox"/> Ethology                    |
| <input type="checkbox"/> Olfactory communication | <input type="checkbox"/> Developmental psychobiology |
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Aging                       |
| <input type="checkbox"/> Depression              | <input type="checkbox"/> Sexual development          |
| <input type="checkbox"/> Stress                  | <input type="checkbox"/> Puberty                     |
| <input type="checkbox"/> Ingestive behavior      | <input type="checkbox"/> Sexual differentiation      |
| <input type="checkbox"/> Other (name) _____      |                                                      |

#### Species studied (check as many as applicable):

- |                                                               |                                              |
|---------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Human                                | <input type="checkbox"/> Siberian Hamster    |
| <input type="checkbox"/> Rhesus monkey                        | <input type="checkbox"/> Gerbil              |
| <input type="checkbox"/> Squirrel monkey                      | <input type="checkbox"/> Guinea Pig          |
| <input type="checkbox"/> Pig                                  | <input type="checkbox"/> Ring dove           |
| <input type="checkbox"/> Horse                                | <input type="checkbox"/> Zebra finch         |
| <input type="checkbox"/> Cattle                               | <input type="checkbox"/> Canary              |
| <input type="checkbox"/> Sheep                                | <input type="checkbox"/> Quail               |
| <input type="checkbox"/> Mouse                                | <input type="checkbox"/> Chicken             |
| <input type="checkbox"/> Rat                                  | <input type="checkbox"/> Aplysia             |
| <input type="checkbox"/> Prairie vole                         | <input type="checkbox"/> Snake               |
| <input type="checkbox"/> Tree shrew                           | <input type="checkbox"/> Zebrafish           |
| <input type="checkbox"/> Musk shrew                           | <input type="checkbox"/> Bullfrog            |
| <input type="checkbox"/> Syrian Hamster                       | <input type="checkbox"/> Lizard (name) _____ |
| <input type="checkbox"/> Other non-human primate (name) _____ |                                              |
| <input type="checkbox"/> Other rodent (name) _____            |                                              |

- Other vole (name) \_\_\_\_\_
- Other mammal (name) \_\_\_\_\_
- Other bird (name) \_\_\_\_\_
- Other amphibian (name) \_\_\_\_\_
- Other fish (name) \_\_\_\_\_
- Other reptile (name) \_\_\_\_\_
- Other invertebrate (name) \_\_\_\_\_

**Techniques used in your research:** \_\_\_\_\_

\_\_\_\_\_

**Behavioral testing and name of behavior examined:** \_\_\_\_\_

\_\_\_\_\_

**Methods:**

- |                                                       |                                                        |
|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Track tracing                | <input type="checkbox"/> Proteomics                    |
| <input type="checkbox"/> Immunocytochemistry          | <input type="checkbox"/> Genomics                      |
| <input type="checkbox"/> Western blots                | <input type="checkbox"/> 2D gel                        |
| <input type="checkbox"/> Southern blots               | <input type="checkbox"/> Chromatin immunoprecipitation |
| <input type="checkbox"/> Northern blots               | <input type="checkbox"/> Nuclear runoff assay          |
| <input type="checkbox"/> PCR                          | <input type="checkbox"/> Radioimmunoassay              |
| <input type="checkbox"/> Quantitative (real time) PCR | <input type="checkbox"/> Enzymatic immunoassay         |
| <input type="checkbox"/> Cell culture                 | <input type="checkbox"/> SiRNA                         |
| <input type="checkbox"/> Electrophysiology            | <input type="checkbox"/> Antisense                     |
| <input type="checkbox"/> Stereotaxic surgery          | <input type="checkbox"/> Calcium imaging               |
| <input type="checkbox"/> In vivo microdialysis        | <input type="checkbox"/> Enzyme assays                 |
| <input type="checkbox"/> HPLC                         | <input type="checkbox"/> In situ hybridization         |
| <input type="checkbox"/> Mass Spectrometry            | <input type="checkbox"/> Autoradiography               |
| <input type="checkbox"/> In vivo electrophysiology    | <input type="checkbox"/> Blood sampling                |
| <input type="checkbox"/> Microarray                   |                                                        |
| <input type="checkbox"/> Other (specify) _____        |                                                        |

**Past PhD students you have trained:** \_\_\_\_\_

\_\_\_\_\_

**Past Post Doctoral fellows you have trained:** \_\_\_\_\_

\_\_\_\_\_

**Current PhD students in your lab:** \_\_\_\_\_

\_\_\_\_\_

**Current Post Doctoral fellows in your lab:** \_\_\_\_\_

\_\_\_\_\_