



BNA STUDENT MEMBERSHIP DECLARATION

Applicant

I, (*Name*) _____ am registered as a Full-Time

Student on the following course: _____

At (*Institution*): _____

My course of study lasts from:

(*Month*) _____ (*Year*) _____ until (*Month*) _____ (*Year*) _____

Supervisor

I confirm that the applicant is registered as a Full-Time Student on the above course

Signature of Supervisor/Head of Dept. _____

Print Name: _____

Email: _____

Date: _____

Please mail to:

The British Neuroscience Association
The Dana Centre
165 Queen's Gate
South Kensington
LONDON
SW7 5HE

or scan the completed form as a PDF and email to: office@bna.org.uk