

# International Society of Motor Control

## Membership Application

*Please fill out the Membership Application and sent it to:*

Michael A. Riley  
ML 0376  
Psychology Department  
University of Cincinnati  
Cincinnati, OH 45221-0376

**Name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please check the category that applies:**

Regular Member: \$50 \_\_\_\_\_

Student Member: \$25 \_\_\_\_\_

**Method of Payment:**

Check for US\$ \_\_\_\_\_ enclosed drawn on a USA bank payable to International Society of Motor Control.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_