



International Society of Motor Control

Please fill in the form and send it to:

Robert Sainburg,
Pennsylvania State University
University Park PA 16802

Application for Membership

Name: _____

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Please check which one applies:

Regular Member \$50 _____

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TOTAL \$ _____

Method of payment:

Check for US\$ _____ enclosed drawn on a USA bank payable to
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Signature: _____ Date: _____