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**Petition to Form a Chapter**

PROPOSED CHAPTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*Chapter names must be sufficiently broad so as to incorporate all members within a given regional area. Proposed chapter names based on a single institution or university is discouraged.

Please respond to the questions below on a separate sheet of paper.

1. Describe briefly your goals for forming an SfN chapter.
2. Please provide a list of all neuroscience-related institutions and universities in your local area and indicate whether they have been contacted to participate in the chapter petition.
3. What are your plans for building membership in your chapter?
4. How do you anticipate communicating with chapter members in your area?
5. How many neuroscientists do you expect to participate in your chapter? Please provide us with a breakdown of the constituents (e.g.: faculty, postdocs, graduate/undergraduate students, research staff)
6. What are some activities or initiatives that you hope to establish for the chapter?
7. Are there any existing active or inactive SfN chapters in your state or region?  
   If yes, is your chapter interested in coordinating or collaborating with it/them?

If you are petitioning for a new international chapter, please also complete the following questions. Please note: All endorsers of your international petition must reside in the country from which your petition originates.

1. Does your country have a national society focused on neuroscience?  
   If yes, please provide its name.
2. Is your national society aware that you are petitioning to form an SfN chapter?
3. Do you plan to organize any of your chapter activities in coordination with your national society?

**ENDORSERS AND PROPOSED CHAPTER MEMBERS:**

*\*All chapter endorsers must be active SfN members and belong to one of the following SfN membership categories: Emeritus, Regular, or Regular Postdoc.*

By endorsing this petition you are indicating your full consent to support activities sponsored by the petitioning chapter and you are committed to its success.

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Institution/University

By seeking this petition, I declare that the chapter will operate in accord with SfN’s Strategic Plan and will abide by all SfN reporting requirements both programmatic and financial.

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Signature of Chapter Representative Date of Submission