



**WAYNE STATE  
UNIVERSITY**  
SCHOOL OF MEDICINE  
Department of Biochemistry,  
Microbiology and Immunology

**REQUEST FOR PAYMENT OF MEMBERSHIP DUES**

The department will reimburse you for membership fees that lead to reduced registration fees for conferences you intend to attend and to present data at. This includes AAAS, AAI, ACS, ASBMB, ASM, ASV, etc.

Check one:  BMB       IM

Student Name: \_\_\_\_\_ I.D.# \_\_\_\_\_

Organization: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for this request:

\_\_\_\_\_

**Student Confirmation of Acceptance of Payment**

*I confirm that I am a currently enrolled Ph.D. student in the \_\_\_\_\_  
Program at the School of Medicine.*

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

I concur with the above information

\_\_\_\_\_  
Signature of Advisor      Date: \_\_\_\_\_

Approved:       Not Approved:

\_\_\_\_\_  
Signature of Department Chair/Director      Date: \_\_\_\_\_

Amount of department payment: \_\_\_\_\_

Please return this request to the BMI Office, room 7374 Scott Hall.