



Statement of Eligibility for INSAR Student Membership

Please have your program advisor or mentor complete the following form, sign a hardcopy, and return as part of the Student Membership application process. It can be returned by **Email:** info@autism-insar.org or **Fax:** 816.472.7765 : **Attention -INSAR Membership.**

PLEASE NOTE: This form confirms your status as a student, according to the criteria noted on the [INSAR website](http://www.autism-insar.org). Submission of an INSAR Application form and payment are requirements to complete the membership application process. Membership applications are accepted Jan 1 – Mar 1 and Jun 1 – Dec 31.

Dear INSAR Membership Committee,

_____ is currently participating in the
full name of applicant for student membership

_____ in the Department
program or position name

of _____
name of department

at _____
name of institution

He/She is currently a _____
current position/status (i.e. postdoc, RA, undergraduate, etc.)

with a projected program or position completion date of ____/____/____.
program or position completion date

SIGNED:

Name of Advisor or Mentor (Print) Date

Signature of Advisor or Mentor