Institute of Cognitive Science Application for ICS Membership

| Name: | |
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| Department: | |
| Email address: | |
| Mailing address: | |
| Please describe your research interest, highlighting connections to cognitive science and/or ICS research: | |
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| Dinastan's Signatura | Data |
| Director's Signature | Date |
| For ICS use only: | |
| This applicant is admitted to the Institute of Cognitive Science as a: | |
| Fellow Associate | Adjunct Membership |