

2024-2025 SfN DCMA Candidate Statement

Instructions: Please complete the following form so our members can make an informed voting decision. Bullet points are acceptable.

Desired Position: Select ▾

Name:

**Current employer or
educational institution:**

**Current Position
(with dates):**

Education:

Other Training (e.g. Fellowships):

What year did you join SfN DCMA Chapter?

Which SfN DCMA and/or SfN Activities have you participated in?

Related professional activities (e.g. other leadership experience, pertinent to the role for which you are nominated):

Statement of goals for your term (1-2 sentences):

Tell us a little about yourself (3-4 sentences max):