



**AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY
APPLICATION FOR MEMBERSHIP**

Revised May 2014

MEMBER TYPE (Please check one.)

- Regular Member / \$325**
Individuals who have obtained a MD, DO, or PhD degree or are credentialed by ABRET or the equivalent

Please check below to apply for one of the following discounted dues categories for Regular Members:

- Non-Physician / **\$245**
 First year of practice / **\$150**
 Resident of World Bank "High-Income Economy" Country (excluding the United States and Canada) / **\$165**
 Resident of World Bank "Upper-Middle-Income" Country / **\$125**

- Junior Member / \$95** **Training Completion Date:** _____
Individuals in clinical neurophysiology or related fields who are in pre-doctoral or postdoctoral training; limited to a period of three (3) years.

- Associate Member / \$230**
Individuals who have an interest in clinical neurophysiology or related fields.

CONTACT/DIRECTORY INFORMATION (please check your preferred mailing and billing address) **Business** **Home**

First (Given) Name: _____ Middle Initial: _____ Last (Family) Name: _____

Degree: _____ Institution: _____

Present Position or Title: _____

Business Address:

Address:		
City:	State:	Zip:
Country:		
Phone:	Fax:	
Email:		

Home Address:

Address:		
City:	State:	Zip:
Country:		
Phone:	Fax:	
Email:		

EDUCATION (e.g. MD, PhD)

University/Institution	Degree Achieved	End Year

PROFESSIONAL TRAINING (e.g. Residency, Fellowship)

University/Institution	Training Type	Start Year	End Year

CREDENTIALS/CERTIFICATIONS

- AMA Member Yes No AMA Member # _____
 American Board of Clinical Neurophysiology Yes No
 Other Specialty or Subspecialty Certification: _____

PAYMENT INFORMATION

Applications must be accompanied by an application fee in the amount of the dues amount indicated above. Upon approval, the application fee will be credited toward the member's first year of dues. If the application is denied, application fees will be refunded in full.

- Company Check – Make check payable to American Clinical Neurophysiology Society (in US Dollars, drawn on a US bank)
 Credit Card (check one) VISA MasterCard Discover
 Card Number: _____ Expiration Date: _____
 Card Holder Name: _____
 Card Holder Signature: _____

Please return this application via email, fax or mail:
 American Clinical Neurophysiology Society
 555 E. Wells Street, Suite 1100 Milwaukee, WI 53202
 Phone: 414-918-9803 | Fax: 414-276-3349 | info@acns.org