



**AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY
APPLICATION FOR MEMBERSHIP**

Revised May 2014

MEMBER TYPE (Please check one.)

- Regular Member – \$325**
Individuals who have obtained an 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

First (Given) Name: _____ Last (Family) Name: _____ Degree: _____

Institution/Company: _____

Present Position or Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

PROFESSIONAL EDUCATION AND TRAINING:

University/Institution	Degree Achieved	Dates Attended
_____	_____	_____
_____	_____	_____

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

Card Number: _____ Expiration Date: _____

Card Holder Name: _____

Card Holder Signature: _____

Please return this application via email, fax or mail:

American Clinical Neurophysiology Society
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Milwaukee, WI 53202
Phone: 414-918-9803 | Fax: 414-276-3349 | info@acns.org