



**AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY  
APPLICATION FOR MEMBERSHIP**

**MEMBER TYPE** (Please check one.)

**Regular Member / \$375**

*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 / **\$295**

Early Practice (The first two years after graduating from a training program) / **\$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 / \$120**

**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 / \$280**

*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:**

<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Country:</b>		
<b>Phone:</b>	<b>Fax:</b>	
<b>Email:</b>		

**Home Address:**

<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Country:</b>		
<b>Phone:</b>	<b>Fax:</b>	
<b>Email:</b>		

**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: \_\_\_\_\_

**ACNS CODE OF MEMBER CONDUCT**

I agree to abide by the ACNS Code of Member Conduct. Full conduct document can be found at [www.acns.org](http://www.acns.org).

**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](mailto:info@acns.org)