



AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY APPLICATION FOR MEMBERSHIP

- Please check one: Member - practicing physician/professional who has completed training (\$150 first year of practice, \$275 per year thereafter; \$245 for non-physicians)
 Junior Member - fellows or residents only (\$95)
 Corresponding Member - outside of North America, nonvoting (\$165)

Last Name: _____ First Name: _____ Degree: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Directory Address (if different from above): _____

Telephone: _____ Fax: _____ Email: _____

Present Position or Title (please indicate if you are currently a resident, fellow, in private practice, or a full-time university faculty, etc.)

If resident or fellow, please indicate training completion date _____

Professional Education and Training:

<u>University</u>	<u>Degree</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

American Board of Clinical Neurophysiology: Yes No

AMA Member: (# _____) Yes No

Other Specialty or Subspecialty Certification: _____

Please pay by credit card below or include check payable to **American Clinical Neurophysiology Society**:

VISA MC Account # _____ Expiration Date: _____

Authorized Signature: _____

**Please return this application via fax or mail:
American Clinical Neurophysiology Society
555 E. Wells St., Suite 1100, Milwaukee, WI, 53202
Phone 414-918-9803; Fax 414-276-3349**

Visit our website: www.ACNS.org