



Application for Membership

Joint Section on Disorders of the Spine and Peripheral Nerves of the AANS/CNS



I. Biographical

- (A) Name: _____
- (B) Home Address: _____
Phone: _____
- (C) Office Address: _____

Office Phone: _____
- (D) E-Mail Address: _____

II. Category of Membership Requested: (Must be a member of the AANS or CNS).

- ☐ Active ☐ Associate
☐ International ☐ Resident

III. Membership, Certification and Practice:

- (A) Are you certified by the American Board of Neurological Surgery?
☐ Yes ☐ No
- (B) Are you a member of
1. The American Medical Association? ☐ Yes ☐ No
 2. A Local or Regional Medical Society? ☐ Yes ☐ No
Name: _____
 3. A State or Provincial Medical Society? ☐ Yes ☐ No
Name: _____
 4. The American Association of Neurological Surgeons? ☐ Yes ☐ No
 5. The Congress of Neurological Surgeons? ☐ Yes ☐ No

Signature: _____ Date: _____

Please return the completed application with your membership fee of \$50 to:
Joint Section on Disorders of the Spine and Peripheral Nerves
Dept. 77-7586
Chicago, Illinois 60678-7586

** Membership dues are waived for
applicants currently enrolled in a
neurosurgical residency program.*