



JOINT SECTION ON SPINAL DISORDERS
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
and
CONGRESS OF NEUROLOGICAL SURGEONS

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September 24, 1985

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Dear Russel:

TREASURER

Edward S. Connolly, M.D.
1514 Jefferson Hwy
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I understand your concern regarding the Joint Sections of the AANS and CNS with respect to a variety of issues including questions regarding the expense of being a member of one or more Sections. My opinion as well as that of the Board of Directors of the Joint Section on Spinal Disorders is that Section membership should not be a financial burden. Therefore, we have kept our annual membership dues at a minimum; \$25.00. These minimal dues are necessary to meet fiscal commitments of the Section on an annual basis. I will also attempt to comment on your listed areas of concern:

MEMBER-AT-LARGE

Carole A. Miller, M.D.
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1) It is our opinion that membership dues should remain at a minimum (i.e. \$25.00 for membership in each of the Joint Sections). Ideally each Joint Section should have an annual dues fee that is the same for each individual Section. As I am sure you are aware, there are a variety of societies, such as the American Society for Stereotactic and Functional Neurosurgery, which also has parallel bylaws for the role of a Section. In the latter case one may have to divide the dues between those due to Sectional membership and those due to the Society since they are both one and the same but the Society publishes a journal. I think the division of finances could be accomplished easily on a paper basis. However, if a Society is to also function as a Section, then the membership's dues for the Section should not produce a financial burden on those who wish Joint Section membership, but not Society membership. Society membership should be optional. Hence, it would be worthwhile to have a uniform set of annual dues for each of the Joint Sections to keep the Sectional status in some degree of perspective.

2) Guidelines outlining fiscal policies for Joint Sections would be exceedingly difficult to write since each Joint Section has somewhat of a different mission. The Joint Section on Spinal Disorders, for instance, has no affiliation with an ongoing Society. On the other

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hand, the Joint Section on Stereotactic and Functional Neurosurgery has a dual role in that its Board of Directors are also the Board of Directors of the American Society for Stereotactic and Functional Neurosurgery. Hence, it is our recommendation that no specific rigid fiscal policies be written as this may result in great difficulties, preventing growth and development of Sectional activities some of which may be unique if we are to advance the forefronts of neurological surgery.


3) The question regarding should there be a limit on the amount of money in a Section's treasury is exceedingly difficult based upon the size, fiscal commitments, directions, and goals of that individual Section. Certainly a large excess in funds should not be accrued by an individual Section at the expense of the membership. However, I think that the question of whether the excess funds should be returned to the parent organization should be based on a careful analysis and case-by-case Section review in consultation between the Joint officers and the Section leadership. Given the complex nature of Sections, with their different goals and missions, it is very likely that a percentage return of the annual budget to the parent organizations is not realistic. It would not be, in all likelihood, very constructive to have hard and fast rules with respect to this issue.

4) There should be no difficulty in arriving at a common fiscal year for Joint Sections. A common fiscal year would probably be advantageous to both the Sections as well as the parent organizations so that we have some type of common knowledge as to our national educational commitments through the AANS and CNS.

The Board of Directors of the Joint Section on Spinal Disorders is not cognizant that there has been any concern on the part of the membership of the AANS and CNS regarding excessive financial burdens produced by Section membership.

I hope that this input is worthwhile to your deliberations. The Joint Section on Spinal Disorders will be happy to work with Joint officers of the AANS and CNS to optimize the role of the parent organizations and the role of the Sections for the overall good of neurological surgery.

Warmest personal regards,


George W. Sypert, M.D.
Chairman, Joint Section on Spinal Disorders

GWS:ad

cc: Henry D. Garretson, M.D.
Michael Salcman, M.D.