



3975 Fair Ridge Drive, Suite 460 South, Fairfax, VA 22033
Phone: 703-691-2272 ♦ FAX: 703-537-0650

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please type or print legibly

1. Name _____
First/Middle/Last/Degree

2. List *both* home and office addresses, and check your *preferred mailing* address.

Home

Office

Address _____

Applicant's Title _____

City _____

Institution/Affiliation _____

State Zip _____

Department _____

Phone: _____

Address _____

E-Mail _____

City State Zip _____

Phone: _____

FAX: _____

E-Mail _____

3. Sponsor:
Candidates *must* be sponsored by a Senior member of the SNIS.

Name of Sponsor

Institution

Phone: _____

4. Board Certification (Candidates need to be board certified or eligible by the ABMS, RCPS or equivalent.)

Board or Tribunal

Date of Certification

5. Fellowship Training

Institution/Department

Program Director

Dates

Institution/Department

Program Director

Dates

6. Medical or Graduate Education

Institution Degree Date

7. Residency Training

Institution/Department Program Director Dates

8. Licensure States/Countries in which licensed to practice medicine and license number(s)

9. I agree to abide by the Bylaws of the SNIS and any revisions thereof:

Applicant's Signature Date

IMPORTANT!!
Incomplete applications *cannot* be forwarded to the Membership Committee.

Associate Membership Documentation Required

- *Completed Application;*
- *Current CV detailing training and professional experience;*
- *One letter of reference from a Senior Member of SNIS;*

Please refer to the *Associate Membership Information* sheet accompanying this application for full details.

PLEASE RETURN AN ORIGINAL SET AND (3) COPIES OF ALL DOCUMENTS TO:

**SNIS Membership Chairman
3975 Fair Ridge Drive, Suite 460 South
Fairfax, VA 22033**