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## REFERENCE FORM FOR ASSOCIATE MEMBERSHIP APPLICANTS

\_\_\_\_\_ is applying for Associate membership status in the Society of NeuroInterventional Surgery and has listed you as a reference.

Associate Members in the Society of NeuroInterventional Surgery are required to:

- Have a substantial professional interest in neurointerventional surgery;
- Have a current CV detailing training and professional experience;
- One letter of reference from a Senior Member of SNIS.

Do you feel that the applicant is ACCEPTABLE/ UNACCEPTABLE (Circle one) as an Associate Member of SNIS?

Comments:

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date