

5. Medical or Graduate Education

Institution

Degree

Date

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

Applicant's Signature

Date

IMPORTANT!!

Incomplete applications *cannot* be routed to the Membership Committee.

Clinical Associate Membership Documentation Required

- *Completed application;*
- *Current CV detailing training and professional experience;*
- *Letter of reference from a Senior Member of SNIS.*

Please refer to the *Clinical 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**