

APPLICATION FOR JUNIOR 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

City State Zip

Phone: _____

FAX: _____

E-Mail _____

3. **Sponsor:**
 Candidates *must* be sponsored by a Senior member of the SNIS who is also their program director.

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
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5. **Fellowship Training**

Institution/Department	Program Director	Dates
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Institution/Department	Program Director	Dates
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6. Medical or Graduate Education

Institution	Degree	Date
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7. Residency Training

Institution/Department	Program Director	Dates
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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
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IMPORTANT!!

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

Junior Membership Documentation Required

- *Completed Application;*
- *Current CV detailing training and professional experience;*
- *Letter of reference from the Program Director who is a Senior Member of SNIS.*

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

Note: Junior membership in SNIS can be held for no longer than three years.

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**