

*Thank you for your interest in the Society of NeuroInterventional Surgery (SNIS). We are pleased to provide you with the attached application, and the following information regarding the Society.*

### OBJECTIVES OF THE SOCIETY

The Society shall be a non-profit educational society of physicians and scientists interested in neurointerventional surgery; shall develop and support standards of post-graduate training and practice in neurointerventional surgery; shall work to stimulate interest and scientific research to advance the development of neurointerventional surgery; shall meet regularly to provide an exchange of scientific information, and to disseminate the newest concepts in the field of neurointerventional surgery; shall provide a forum for an exchange of ideas to define the further direction and role of neurointerventional surgery, and to provide representation to implement these goals.

### MEDICAL STUDENT/ RESIDENT MEMBERSHIP REQUIREMENTS

- Be a resident or medical student who has a professional interest in neurointerventional surgery.
- Currently enrolled in a residency or medical school accredited or approved by the appropriate regulatory body or Ministry for your country. Applicants in countries without an existing system of accreditation must have their membership approved by the SNIS Membership Committee.
- Submit a signed letter from the Medical School Dean or Medical Department Chairman that the applicant is a medical student in good standing or from your Residency Program Director.

### MEDICAL STUDENT/ RESIDENT MEMBERSHIP BENEFITS

- Access to the “Members Only” and “Amenities” Sections of the SNIS website, [snisonline.org](http://snisonline.org);
- Internet-only subscription to the *Journal of NeuroInterventional Surgery*, the official journal of SNIS, as well as all supplements to JNIS;
- A subscription to *The Embolus*, the official newsletter of SNIS;
- Access to SNIS-sponsored meetings and conferences;
- Mentoring and networking opportunities in one of the largest growing medical fields;
- A subscription to *Suite Talk*, the official electronic newsletter of SNIS;
- Discounts on SNIS products.

**Dues for Medical Student/Resident membership are currently \$25.00 a year.**

### MEDICAL STUDENT/RESIDENT MEMBERSHIP DOCUMENTATION REQUIRED

- Completed application
- Signed letter from the Medical School Dean or Medical Department Chairman that the applicant is a medical student in good standing or from your Residency Program Director.
- Include the membership payment in the form of credit card or check

### PAYMENT

- Check enclosed (make payable to SNIS) in the amount of \$25.00 USD

Please charge my:  Visa  Master Card  Amex  Discover in the amount of \$25.00 USD

\*\*If paying by credit card, please list your 3-digit security code (MasterCard/Visa/Discover) or 4-digit security code (American Express) from the signature strip: \_\_\_\_\_\*\*

\_\_\_\_\_  
Card Holder Name

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature

### PLEASE RETURN ALL DOCUMENTS TO:

SNIS Membership Chairman  
12587 Fair Lakes Circle, Suite 353  
Fairfax, VA 22033

If you have any questions, please call SNIS Headquarter at (703-691-2272) or Email [info@snisonline.org](mailto:info@snisonline.org).

**PLEASE NOTE:** All of the documents must be submitted for the application to be processed.



# APPLICATION FOR MEDICAL STUDENT/RESIDENT MEMBERSHIP

Please type or print legibly

Please refer to the *Medical Student/Resident Membership Information* sheet accompanying this application for full details.

Name \_\_\_\_\_  
First Middle Last

Male  Female

## ADDRESS INFORMATION —List both home and office addresses, and check your *preferred mailing address*.

I prefer that correspondence is sent to my:  Home  Office

### HOME

Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### INSTITUTION

Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

## MEDICAL STUDENT/ RESIDENCY PROGRAM

Title of Department/Division \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Proposed Date of Graduation \_\_\_\_\_

Name of Dean/ Department Chair (Please Print) \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership with SNIS for which I now apply.