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.

Junior Membership Requirements
• Have active interest and special competency in neurointerventional surgery;
• In training in interventional neuroradiology, endovascular neurosurgery or interventional neurology;
• Letter of reference from the Program Director;
• Please note: Junior membership in SNIS can be held for no longer than three years.

Junior Membership Benefits
• Access to the “Members Only” and “Amenities” Sections of the SNIS website, snisonline.org;
• Internet-only subscription to the Journal of NeuroInterventional Surgery, the official journal of SNIS, as well as all supplements to JNIS;
• Access to SNIS Connect, the members-only online forum;
• A subscription to The Embolus, the official newsletter of SNIS;
• Reduced registration fees to SNIS-sponsored meetings and conferences;
• Networking opportunities with fellow experts in this expanding medical specialty;
• A subscription to Suite Talk, the official electronic newsletter of SNIS;
• Discounts on SNIS products.

Dues for Junior membership are currently $50.00 a year.

Junior Membership Documentation Required
☑ Completed Application
☑ Current CV detailing training and professional experience
☑ Letter of reference from the Program Director

Please note: All of the documents must be submitted for the application to be processed.
APPLICATION FOR JUNIOR MEMBERSHIP

Please type or print legibly

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

Name

First

Middle

Last

Degree

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

OFFICE

Applicant's Title

Institution/Affiliation

Department

Address

City    State    Zip

Phone

Email

SPONSOR — Candidates must be sponsored by their program director.

Name of Sponsor

Institution

Phone

Email

BOARD CERTIFICATION — Candidates need to be board certified or eligible by the ABMS, RCPS or equivalent.

Board or Tribunal

Date of Certification

FELLOWSHIP TRAINING

Institution/Department

Program Director

Dates

Institution/Department

Program Director

Dates

MEDICAL OR GRADUATE EDUCATION

Institution

Degree

Date

Residency Training

Institution/Department

Program Director

Dates

LICENSURE — States/Countries in which licensed to practice medicine

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

Applicant's Signature

Date