



## ASSOCIATE MEMBERSHIP INFORMATION

*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.

### ASSOCIATE MEMBERSHIP REQUIREMENTS

- Have a substantial professional interest in neurointerventional surgery;
- Current CV detailing training and professional experience;
- Professional reference and contact information.

### ASSOCIATE MEMBERSHIP BENEFITS

- Access to the "Members Only" and "Amenities" Sections of the SNIS website, [snisonline.org](http://snisonline.org);
- Access to SNIS Connect, the members-only online forum;
- A subscription to *The Embolus*, the official newsletter of SNIS;
- A subscription to the *Journal of NeuroInterventional Surgery*, the official journal 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 Associate membership are currently \$325.00 a year.**

### ASSOCIATE MEMBERSHIP DOCUMENTATION REQUIRED

- Completed application
- Current CV detailing training and professional experience
- Professional reference and contact information

### 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 ASSOCIATE MEMBERSHIP

Please type or print legibly

Please refer to the Associate 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**

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

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

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