

## SENIOR 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.

### SENIOR MEMBERSHIP REQUIREMENTS

- One year subspecialty training in interventional neuroradiology, endovascular neurosurgery or interventional neurology;
- Letter from Program Director documenting direct involvement in a minimum of 100 neurointerventional procedures during their training;
- Two professional references and their contact information;
- Candidates need to be board certified or eligible by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank, and supply a copy of the certificate with the application;
- Current CV detailing training and professional experience; and
- \$100 application fee.

### SENIOR MEMBERSHIP BENEFITS

- The right to vote and hold elective office in the Society;
- The right to serve on a Standing Committee of the Society;
- Listing in the 'Doctor Finder' feature on the SNIS website and the SNIS patient information website, BrainAneurysm.com;
- Access to the "Members Only" and "Amenities" Sections of the SNIS website, 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;
- A subscription to *Suite Talk*, the official electronic newsletter of SNIS;
- Networking opportunities with fellow experts in this expanding medical specialty;
- Discounts on SNIS products.

**Dues for Senior membership are currently \$725.00 a year.**

### SENIOR MEMBERSHIP DOCUMENTATION REQUIRED

- Completed Application
- Current CV detailing training and professional experience
- Copy of Board Certification certificate (if board certified)
- Letter from Program Director documenting candidates' training and verifying at least a minimum of 100 neurointerventional procedures performed at the institution during the candidate's training
- \$100 application fee

### PAYMENT

- Check enclosed (make payable to SNIS) in the amount of \$100.00 USD

Please charge my:  Visa  Master Card  Amex  Discover  
in the amount of \$100.00 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 SENIOR MEMBERSHIP

Please type or print legibly

Please refer to the *Senior 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 \_\_\_\_\_

**SPONSORS** — Candidates *must* provide 2 references and contact information.

Name of Sponsor 1 \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name of Sponsor 2 \_\_\_\_\_  
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 \_\_\_\_\_