



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;
- 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 \$350.00 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.

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

OFFICE

HOME

Address _____
City State Zip _____
Phone _____
Email _____

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

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

Applicant's Signature _____ Date _____