

## JUNIOR 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.

### 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](http://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.

**Junior membership is free and can remain active for three years. A Junior member can become a Senior member at any time by providing a Fellowship Director Reference Form for Senior Membership after they have completed their fellowship. Junior membership will end after the three years and the member would need to reapply for membership as a Senior member if that form is not provided.**

### JUNIOR MEMBERSHIP DOCUMENTATION REQUIRED

- Completed Application
- Current CV detailing training and professional experience
- Letter of reference from the Program Director

### 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 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
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**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 _____
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**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 \_\_\_\_\_