



APPLICATION FOR AAN AFFILIATE MEMBERSHIP AND THE **BRAINS GROUP** FOR NON-PHYSICIAN PRACTICE MANAGERS

CONTACT INFORMATION

Name: _____ Title: _____

Mailing Address: _____

Directory Address: _____

Telephone: _____ Facsimile: _____

Email: _____ Website: _____

Complete Directory Address only if different from mailing address.

Address, Telephone, Facsimile, Email, and Website are published in the membership directory and on the AAN Website for networking purposes.

TRAINING

UNDERGRADUATE DEGREE

Institution: _____ Degree: _____

Location: _____ Year of Completion: _____

GRADUATE DEGREE

Institution: _____ Degree: _____

Location: _____ Year of Completion: _____

SPONSORS

US and **Canadian** applicants must provide the names, addresses, and signatures of two AAN members from the **ACTIVE** or **FELLOW** category of membership who are certified in neurology and will sponsor the applicant.

International applicants must provide the names, addresses, and signatures of two AAN members OR local neurologists who are not members of the AAN who will sponsor the applicant.

Name and address *(please print or type)*

Sponsor's Signature _____

Sponsor's Membership Number _____

Name and address *(please print or type)*

Sponsor's Signature _____

Sponsor's Membership Number _____

DUES PAYMENT

Affiliate membership dues are **\$205.00**. Dues are non-refundable and continuous. Membership dues are in US dollars. Prices are effective as of January 1 and are subject to change. All memberships are based on one calendar year: January 1 to December 31 of the applicable year for which you apply. Please refer to AAN bylaws for complete rules and regulations of Academy membership.

CHECK/MONEY ORDER Amount Enclosed \$ _____ Check or Order Number _____
(Payment must be enclosed/received in order to process the application. Please make payment payable to the American Academy of Neurology. A \$20 charge will apply to checks returned for insufficient funds.)

CREDIT CARD AMERICAN EXPRESS MASTERCARD VISA
Card Number _____ Expiration Date _____
Name as it Appears on Card _____ Authorized Payment \$ _____

I authorize the AAN to charge the appropriate fee to my credit card as listed above.

Card Holder's Signature _____ Date _____

I solemnly pledge myself to cooperate by all suitable means in extending and advancing the high moral, ethical, professional, and scientific principles as specified by the Articles of Incorporation and Bylaws of the American Academy of Neurology according to, and governed by, the laws of the State of Minnesota.

Signature _____ Date _____

MEMBER CENSUS

This voluntary section is for profile purposes only. It will not be considered in the review of this membership application.

1. **Date of Birth** _____
Month/Day/Year
2. **Gender** _____ Male _____ Female
3. **Ethnicity** _____ Hispanic or Latino _____ Not Hispanic or Latino
4. **Race** _____ American Indian or Alaska Native _____ Asian _____ White
 _____ Black or African American _____ Native Hawaiian or other Pacific Islander
5. **Occupational Status** *(Mark all that apply)*
- | | |
|-------------------------------|--|
| _____ Active Military Service | _____ Non-profit, non-university-based research organization |
| _____ Staff-model HMO | _____ Faculty in medical school or neurology department |
| _____ Government hospital | _____ Solo practice |
| _____ Independent consultant | _____ University based group |
| _____ Multi-specialty group | _____ Insurance or pharmaceutical industry |
| _____ Neurology group | _____ Other public or private hospital |
| _____ No clinical practice | |

6. **How many neurologists work in your practice?** _____ 7. **How many employees are within your practice?** _____

8. **In order for us to serve you better, please tell us why you want to become an AAN member:**

Please mail or fax your application along with a copy of your resume and dues payment to:

American Academy of Neurology Member Services ♦ 1080 Montreal Avenue ♦ Saint Paul, Minnesota 55116 USA

Telephone: +1 651-695-2717 or 800-879-1960 ♦ Facsimile: +1 651-361-4800 or +1 651-695-2791

E-Mail: memberservices@aan.com ♦ Website: www.aan.com