

APPLICATION FOR MEMBERSHIP

Complete all pertinent information on the application. Select your membership category, sign, date, and mail, email, or fax your application along with your curriculum vitae or resumé and proof of certification to:

AAN/AAN Professional Association

Member Services
1080 Montreal Avenue, St. Paul, MN 55116, USA
memberservices@aan.com
Tel: (800) 879-1960 or (651) 695-1940
Fax: (651) 361-4800

CONTACT INFORMATION

Preferred Mailing Address (Please Print)

Name: _____
Name of Institution/Clinic: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal code: _____
Country: _____
Indicate if address is: Home (H) Office (O)
Phone: (_____) _____ H O
Fax: (_____) _____ H O
Email: _____ H O
*Birth date: _____ Gender: Male Female

Directory Listing (if different from Preferred)

Name: _____
Name of Institution/Clinic: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal code: _____
Country: _____
Indicate if address is: Home (H) Office (O)
Phone: (_____) _____ H O
Fax: (_____) _____ H O
Email: _____ H O

(Phone, fax, email, and website are published on the member search page of www.aan.com.)

Contact information you provide will be available on the AAN website at www.aan.com. If you wish to limit the information displayed, please email memberservices@aan.com or modify your member profile page on www.aan.com.

TRAINING

Please be as accurate and complete as possible.

If your medical degree was received from an institution outside North America, send a copy of the diploma (English translation).

	Name of Institution	City/State	Year of Completion
Medical School			
Neurology Residency Program			
Other Neurology Residency Program			
Neurology Fellowship Program			

	Name of Institution	City/State	Field of Training
Graduate Programs			

	Certifications	Year Certified	Year of Recertification
ABPN			
RCP			
Specialty (please list)			
International Certifying Board			

*There is no obligation to include gender and birth date. If provided, the information will not be considered when reviewing the application. The information will be included in the membership database in order to provide better service to the member.

CATEGORIES OF MEMBERSHIP

Junior Membership (\$130.00 per year)
Residents/Fellows/PhD Candidates-in-Training –
For physicians or post-doctoral Fellows who have graduated from an accredited or recognized medical school or a school of osteopathy and who are engaged in postgraduate studies directed toward completing a neurology training program, or Doctors of Philosophy (PhD) who are completing post-doctoral research training.

Research Scientists (\$205.00 per year)
For non-physicians with advanced degrees engaged in research relating to neurology. Applicants must demonstrate substantial contributions to the scientific basis of neurology as determined by the Membership Committee. (Please include your resumé.)

Non-Neurologist Clinicians (\$205.00 per year)
For non-physicians who are licensed practitioners contributing to the clinical practice of neurology. Applicants must be engaged in clinical practice relating to neurology as determined by the Membership Committee. (Please include your resumé.)

Business Administrators (\$205.00 per year)
For professionals engaged in managing academic or private neurologic practices. Applicants must demonstrate that they are engaged in the management of a neurologic practice as determined by the Membership Committee. (Please include your resumé.)

Associate

For physicians who are fully trained in clinical neurology, not yet certified in neurology, and no longer eligible for Junior membership. Also for physicians in other specialties practicing in clinical or non-clinical fields related to neurology.

- US (\$395.00 per year)
- International (\$355.00 per year)
- Low/Low-Middle income countries (\$150.00 per year)*

Active

For physicians certified in Neurology or Child Neurology by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or by the Professional Corporation of Physicians of Quebec.

- US (\$395.00 per year)
- International (\$355.00 per year)
- Low/Low-Middle income countries (\$150.00 per year)*

Corresponding Active

For physicians who are not certified by the ABPN, RCPSC or PCPQ, but have been certified in neurology by an official body in their country.

- US (\$395.00 per year)
- International (\$355.00 per year)
- Low/Low-Middle income countries (\$150.00 per year)*

*See www.aan.com/go/benefits/international for listing.

PAYMENT INFORMATION

Check/money order enclosed (payable in US dollars to American Academy of Neurology Professional Association). (A \$20 charge will be applied to checks returned for insufficient funds.)

Credit Card:

- American Express
- Visa
- MasterCard

Card Number: _____

Expiration Date: _____ Name on Card: _____

I authorize the AAN to charge the appropriate membership fee of \$_____ to my credit card.

Signature: _____

Your dues will be allocated to two separate, but related organizations: American Academy of Neurology (AAN) and the American Academy of Neurology Professional Association (AANPA). Individuals paying dues will be members of both the AAN and AANPA. The AAN, a 501 (c)(3) tax-exempt organization, provides education and science programs to members. The AANPA, a 501(c)(6) tax-exempt organization, focuses on government relations and practice issues. A portion of the dues may be deductible for business purposes. Please consult your tax advisor.

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 American Academy of Neurology Professional Association Code of Professional Conduct and governance principles as specified by the Articles of Incorporation, Bylaws, and Standing Rules of the American Academy of Neurology Professional Association according to, and governed by, the laws of the State of Minnesota.

*Signature: _____ Date: _____

*Required information

SPONSORS *(Required for US/Canadian Junior applications only.)*

Applications for Junior membership (Residents & Fellows) from within the United States and Canada must bear the signature of two AAN Active or Fellow sponsors.

Applicants for Junior post-doctorate membership must bear the signature of two sponsors, one of whom may be a Research Scientist AAN member or a Non-neurologist Clinician AAN member and the other must be an Active or Fellow AAN member.

Name and address *(please type or print)*

Signature: _____

Sponsor's AAN membership category: _____

Name and address *(please type or print)*

Signature: _____

Sponsor's AAN membership category: _____

MAKE AN INVESTMENT IN YOUR PROFESSIONAL FUTURE

Membership in the AAN helps you reach your full potential. Gain access to high-quality tools and resources that can help improve your diagnostic and clinical skills and open doors to professional opportunities.

Special Benefits for Residents, Fellows, and Post-docs:

- FREE Continuum: Lifelong Learning in *Neurology*[®] and *Quintessentials*[®] subscription, including online access
- Discounted RITE fee: \$150 for members
- Resident scholarship opportunities
- FREE membership to the Consortium of Neurology Residents and Fellows group
- FREE Annual Meeting events for residents, including luncheon, career forum, and more
- FREE Annual Meeting course tickets through the Student/Resident Rush Line
- Opportunities to become a monitor at the Annual Meeting and enjoy waived registration and program fees
- FREE print and online subscription to the journal *Neurology*[®] which includes a Resident and Fellow section
- Apply for resident specific awards such as the Founders and Alliance awards
- Apply for Clinical Research Training Fellowship opportunities