APPLICATION FOR STUDENT MEMBERSHIP

Full-time students enrolled in any accredited school of medicine or osteopathy or graduate students enrolled in a graduate program in the United States or Canada may apply for student membership. Please choose the student category which applies.

☐ PhD Candidate Member – no dues ☐ Medical Student Member – no dues

☐ PhD Candidate Member plus *Neurology Journal* - $150.00/year ☐ Medical Student Member plus *Neurology Journal* - $150.00/year

****

Please type or print clearly

Name: _____

Mailing Address: _____

_____

Phone: (_____) _____ Email_____

Date of Birth: _____/_____/_____ Male_____ Female_____
Month Day Year

Member of Medical Student Interest Group in Neurology (SIGN) _____ Yes _____ No

Medical/Graduate School: _____City: _____ State: _____

Start Date: _____ Anticipated Completion Date: _____

☐ Please send the *Neurology Journal*. I have enclosed a reduced subscription fee of $150.00. Checks made out to *American Academy of Neurology*.

☐Amex ☐Visa ☐MC #_____ Exp. Date:_____

Student membership must be renewed annually and verification of continued student status is required. If you enter an approved neurology residency program and desire to maintain AAN membership, please submit an application for junior membership.

I solemnly pledge 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.

Date: _____/_____/_____ Signature of applicant: _____
Month Day Year

VERIFICATION:

(To be signed by the Dean of Students, Medical Director, or other appropriate certifying office.)

I hereby verify the above applicant is currently enrolled in an accredited program of medicine or osteopathy or graduate students enrolled in a graduate program.

Name: _____ Title: _____

Signature: _____ Date: _____/_____/_____
Month Day Year

Send to:

American Academy of Neurology
Attention: Member Services
201 Chicago Avenue South
Minneapolis, MN 55415-1126
Phone: 1-800-879-1960 or 612-928-6100
Fax: 612-454-2746
Email: memberservices@aan.com