Application for Membership

Complete all pertinent information on the application. Select your membership category, sign, date, and mail, email, or fax your application to:

American Academy of Neurology
Member Services
201 Chicago Avenue, Minneapolis, MN 55415, USA
Email: memberservices@aan.com
Tel: (800) 879-1960 or (612) 928-6000 | Fax: (612) 454-2746

Contact Information

Primary Clinic/Business Address (Please Print)

Company ____________________________
Department ____________________________
Address 1 ____________________________
Address 2 ____________________________
City ______________ State/Province _____ Zip/Postal Code _________
Country ____________________________
Work Phone (_______) __________________
Mobile Phone (_______) __________________
Fax (_______) __________________
Email ____________________________

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

* 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.

Practice

Licensed to practice medicine in the United States? ☐ Yes ☐ No
If yes, in which state(s)? ____________________________

If your medical degree was received from an institution outside of the United States and Canada, please send a copy of the diploma (English translation).

NPI Number (if applicable) Self ____________________________ Clinic ____________________________

Are you a Generalist? ☐ Yes ☐ No
Are you a Specialist? ☐ Yes ☐ No
If yes, what is your subspecialty/subspecialties? ____________________________

Title ____________________________
Profession (e.g., Neurologist) ____________________________

Practice Setting:

☐ Solo practice ☐ Government hospital or clinic Number of Neurologists: _______
☐ Neurology group ☐ Staff model HMO Number of Neurologists: _______
☐ Multi-specialty group ☐ Other public/private hospital/clinic Number of Neurologists: _______
☐ Academic-based group ☐ No clinical practice Number of Neurologists: _______

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## Training

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<th>State</th>
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<td>International Certifying Board</td>
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<td>Specialty (please list)</td>
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## Categories of Membership

### 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 ($460.00 per year)
- [ ] International ($415.00 per year)
- [ ] Developing Countries ($155.00 per year)**

### Active
For physicians certified in neurology or child neurology by the American Board of Psychiatry and Neurology, American Osteopathic Board of Neurology and Psychiatry, the Royal College of Physicians and Surgeons of Canada, or by the Collège des médecins du Québec.

- [ ] US ($460.00 per year)
- [ ] International ($415.00 per year)
- [ ] Developing Countries ($155.00 per year)**

**See AAN.com/view/join for listing.

### Corresponding Active
For physicians who are not certified by the ABPN, AOBNP, RCPSC, or CMQ, but have been certified in neurology by an official body in their country.

- [ ] US ($460.00 per year)
- [ ] International ($415.00 per year)
- [ ] Developing Countries ($155.00 per year)**

**See AAN.com/view/join for listing.

## Payment Information

- [ ] Check/money order enclosed, payable in US dollars to American Academy of Neurology. (A $20 charge will be applied to checks returned for insufficient funds.)
- [ ] Credit Card

Upon approval of your application, we will send an email with online payment instructions. If you prefer, you can call Member Services toll-free at (800) 879-1960 or (612) 928-6000 to make a payment.

The American Academy of Neurology (AAN) is a 501(c)(6) tax-exempt organization, so the dues may be treated as a deductible business expense. The dues of international members are less than the dues of US members because international members are not assessed the estimated expenses for all US-oriented lobbying (government and third-party payer) and related activities.

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 AAN Code of Professional Conduct, Qualifications and Guidelines for the Physician Expert Witness, and governance principles as specified by the Articles of Incorporation, Bylaws, and policies of the AAN according to, and governed by, the laws of the State of Minnesota. I understand as a member of the AAN I may be subject to discipline if my conduct conflicts with the standards and principles of the AAN as described in the AAN Disciplinary Action Policy. Disciplinary action may include public or private reprimand, suspension, or expulsion from membership in the AAN.

*Signature ___________________________ Date ___________________________

*Required information

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