

APPLICATION FOR JOINT MEMBERSHIP AAN/ENS

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

American Academy of Neurology

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

European Neurological Society

Peter Merian Str. 80
PO Box 4002 Basel/Switzerland
Email: info@ensinfo.org
Tel: +41 61 691 51 11 / Fax: +41 686 77 88

CONTACT INFORMATION

First _____
Middle _____
Last _____
Suffix _____
Designation _____
Informal First Name _____
AMA (if applicable) # _____
ABPN/AOBNP (if applicable) # _____
Birth date (mm/dd/yyyy) _____
Gender: Male Female

Primary Clinic/Business Address (Please Print)
Company _____
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 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.

* 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.

TRAINING

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).

	Name of Institution	State	Year of Completion (mm/dd/yyyy)	Program Start Date (mm/dd/yyyy)
Medical School				
Neurology Residency Program				
Other Neurology Residency Program				
Neurology Fellowship Program				

	Name of Institution	State	Field of Training	Program Start and End Date to Grad Program
Graduate Programs				

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

AAN/ENS CATEGORIES OF MEMBERSHIP AND AAN/ENS DUES RATES

Joint Membership discount rates listed below are available to AAN Members who reside outside of **US and Canada**.

- AAN Junior Intern** (No membership fee)
Junior Intern members: Physicians engaged in their first or second year of postgraduate studies directed toward completing a neurology training program. Subscriptions to *Neurology*® offered at \$150.00 per year. Does include *Continuum: Lifelong Learning in Neurology*®.
- AAN Junior Membership** (\$112.50 USD per year—includes discount)
Residents/Fellows/PhD Candidates-in-Training. Includes *Neurology* and *Continuum* subscriptions.
- AAN Research Scientists** (\$176.25 USD per year—includes discount)
For non-physicians with advanced degrees engaged in research relating to neurology. Any person who is licensed to practice medicine in the US must apply as an Associate Member.
- AAN Non-Neurologist Clinicians** (\$176.25 USD per year—includes discount)
For non-physicians who are licensed practitioners contributing to the clinical practice of neurology. (Please include your resumé.)

AAN Active

Board certified by ABPN, AOBNP, RCPSO, OR CMQ.

- International (\$303.75 USD per year—includes discount)
- Low/Low Middle Income countries (\$150.00 USD per year)**

AAN Associate

Physicians fully trained in clinical neurology but not board certified.

- International (\$303.75 USD per year—includes discount)
- Low/Low Middle Income countries (\$150.00 USD per year)**

AAN Corresponding Active

Physicians not certified by ABPN, AOBNP, RCPSO, OR CMQ but certified by an official body in their own country.

- International (\$303.75 USD per year—includes discount)
- Low/Low Middle Income countries (\$150.00 USD per year)**

ENS Membership

ENS membership is valid for the calendar year.

Membership can be terminated in writing one month prior to the end of the term, otherwise it is prolonged by one year.

Qualifications:

Members may be elected among clinicians and scientists whose interest is directed towards practice, teaching, or research in neurology and cognate fields. Please list one or more areas of your current clinical or research interest(s):

Choose which member type applies:

- ENS member = €105 Euro per year (including 25% discount)
- ENS member <age 35 = €75 Euro per year (including 25% discount)

To view the ENS membership benefits, please visit www.ensinfo.org. Joint AAN/ENS members receive the electronic version of the *Journal of Neurology*.

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

Additional discounts are not given to Low/Low Middle Income rates.

AAN 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: 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 _____

ENS PAYMENT INFORMATION

The total amount will be paid as follows:

- Bank transfer to UBS Zurich: Account No: IQ117289, Account Name: Membership fee, BIC Code: UBSWCHZH80A, IBAN: CH31 0029 2292 1Q11 7289 0
- Credit Card

Upon receipt of your application, we will send you a secure online payment link.

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