

# AENS Membership Application 2010

Please type or print legibly. AENS membership runs annually January through December. Page 1 of 2.

## Name, Address & Employment

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Degrees to appear with name: \_\_\_ MD \_\_\_ DPM \_\_\_ DO \_\_\_ PhD Other: \_\_\_\_\_

Current Employment:  Private Practice  University  Hospital  Retired

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Practice Web Site: \_\_\_\_\_ Practice Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please note, all information except cell, pager & home numbers is eligible to use on the AENS web site for referral and member listing. All AFNS communications will be sent via e-mail.

## Membership Category

- |   |                   |   |
|---|-------------------|---|
| <input type="checkbox"/> Active Membership  | Annual Dues \$295 |   |
| *Medical Degree, Advanced Peripheral Nerve Course & APMA membership for DPMs required |                   |   |
| <input type="checkbox"/> Associate Membership   | Annual Dues \$245 | *Medical Degree Required/Non Voting       |
| <input type="checkbox"/> Senior Membership  | Annual Dues \$ 75 | * Medical Degree, Fully Retired           |
| <input type="checkbox"/> Student/Resident Membership                                  | Annual Dues \$25  | * Enrolled in medical program/ Non Voting |

### WEB REFERRAL INCLUDED!

All Active Members will be listed at [www.aens.us](http://www.aens.us) web site for referral purposes.

## Degrees, Certifications & Affiliate Association Memberships

Medical Degree: \_\_\_\_\_ University: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Residency Training: Program \_\_\_\_\_ Term: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Areas of Specialization: \_\_\_\_\_

Specialty Certifications held: \_\_\_\_\_

Name of Advanced Peripheral Nerve Course Completed:  Dellon  AENS  Other\* Date of Completion: \_\_\_\_\_

APMA Member?  Yes  No AMA Member:  Yes  No

Other Affiliate Medical Association Memberships: \_\_\_\_\_

### For Student / Resident Members:

Current University Medical Program Enrolled: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Current Residency Program & Term Enrolled: \_\_\_\_\_ Director Name: \_\_\_\_\_

## Method of Payment

MEMBERSHIP DUES (see dues amounts above) \$ \_\_\_\_\_

AENS Certificate (see below) \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

Check # \_\_\_\_\_ is enclosed in the amount of \$ \_\_\_\_\_.

Please charge my:  VISA  MasterCard  AMX

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

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### How did you hear about AENS?

Please check one:

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Convention | <input type="checkbox"/> Mailer |
| <input type="checkbox"/> Web        | <input type="checkbox"/> Other  |

**AENS Member Wall Certificate for Active members:**

**The AENS annual member certificate is a formal embossed certificate for hanging 11" x 14"**

Full Name as to appear on certificate: \_\_\_\_\_

Address to mail certificate UPS Ground: \_\_\_\_\_

\$45 Each      Quantity: \_\_\_\_      Total: \$ \_\_\_\_      \*Place total in above payment box, Pg. 1



Please Send Application With Payment To:

**AENS**

15577 Ranch Road 12, Suite 103, Wimberley, Texas 78676

Phone: 888-708-9575 Fax: 888-394-1123, [info@aens.us](mailto:info@aens.us)

[www.aens.us](http://www.aens.us)