

AENS Membership Application

Please type or print legibly. AENS membership runs annually January through December. Thank you for your support. Renewals: You may fill in ONLY info that has CHANGED from the prior year.

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 or Pager: _____ Fax: _____

Home Phone: _____ **Emails:** _____

*Please note, ALL AENS communications are sent via e-mail. Member info will be listed on web and for public referral.

Membership Category

- Active Membership-Fellow Annual Dues \$295
*Medical Degree, ABPS, Intensive Peripheral Nerve Course, APMA membership for DPMs required
- Associate Membership Annual Dues \$245 *Medical Degree Required/Non Voting
- Senior Membership Annual Dues \$ 75 * Medical Degree, Fully Retired
- 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 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: _____

ABPS Certification Year: _____ Other Specialty Certifications held: _____

Name of Intensive Peripheral Nerve Course Completed: Dellon Inst. AENS Other *Date of Completion: _____
List Name of Institution Course, if "other": _____

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 (Active Members Only) \$ _____

TOTAL DUE \$ _____

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

Please charge my: VISA MasterCard AMX

Credit Card # _____ Expiration Date _____

Billing Address if different than above: _____

Signature of Cardholder: _____ Date: _____

How did you hear about AENS?

Please check one:

- Convention Mailer
- Web 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: _____

\$35 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

www.aens.us