

# AENS 2019 MEMBERSHIP APPLICATION

AENS membership runs annually January through December.

THANK YOU FOR YOUR MEMBERSHIP AND SUPPORT FOR ADVANCING NERVE TREATMENT!



## NAME, ADDRESS and EMPLOYMENT

ALL AENS communications are sent via e-mail. Member information will be listed on the website for public referral.

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ DEGREES:  MD  DPM  DO  PhD  Other: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ PRACTICE WEBSITE \_\_\_\_\_

CURRENT EMPLOYMENT:  PRIVATE PRACTICE  HOSPITAL  UNIVERSITY  RETIRED

PRACTICE SPECIALTY \_\_\_\_\_

## NEW MEMBERS ONLY

**DEGREES and CERTIFICATIONS:** Please **attach** your **updated CV** and fill out the information below.

ABFAS/ABPS CERTIFICATION YEAR: \_\_\_\_\_

SPECIALTY PERIPHERAL NERVE COURSE COMPLETED:  Dellon Institute  AENS  Other: \_\_\_\_\_

- Date of Completion (mm/dd/yyyy): \_\_\_\_\_

### STUDENT/RESIDENT/FELLOWSHIP MEMBERS:

CURRENT UNIVERSITY MEDICAL PROGRAM: \_\_\_\_\_

- Date Enrolled (mm/dd/yyyy): \_\_\_\_\_ Date of Graduation (mm/dd/yyyy): \_\_\_\_\_

CURRENT RESIDENCY/FELLOWSHIP PROGRAM: \_\_\_\_\_

- Date Enrolled (mm/dd/yyyy): \_\_\_\_\_ Director Name: \_\_\_\_\_

## MEMBERSHIP

By joining AENS, you are giving permission to use information for our online directory and email correspondence. If you would like to opt out of ALL online communications, please contact [info@aens.us](mailto:info@aens.us).

CATEGORY	DESCRIPTION	ANNUAL DUES
<input type="checkbox"/> AENS-Fellow <i>Renewal</i>	For <i>new</i> Fellow applicants, additional criteria applies. <i>Contact the AENS office for more details and the Fellow application.</i>	\$475.00
<input type="checkbox"/> AENS-Fellow <i>Qualified</i>	Qualified status means you have completed an AENS approved intensive nerve course, but haven't met all Fellow criteria.	\$395.00
<input type="checkbox"/> Associate Member	Open to all physicians/allied medical professionals and vendors.	\$295.00
<input type="checkbox"/> Senior Member	Medical Degree - must be fully retired.	\$ 95.00
<input type="checkbox"/> Student/Resident/Fellowship Member	Enrolled in a medical program. <i>Non-voting.</i>	\$ 25.00
<input type="checkbox"/> ENR Foundation Donation	Proceeds go to research and missions. <i>501(c)3 entity-tax deductible.</i>	\$ _____

## PAYMENT

TOTAL \$ \_\_\_\_\_

Check (# \_\_\_\_\_) made payable to AENS. For ENRF donation, make out to ENRF.  VISA  MasterCard  AMEX

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER NAME \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_

BILLING ADDRESS (if different from above) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLEASE RETURN APPLICATION WITH PAYMENT TO:

AENS, 201 Stillwater, Ste. 8, Wimberley, TX 78676 | (f) 888-394-1123 | [info@aens.us](mailto:info@aens.us) | [www.aens.us](http://www.aens.us) | 888-708-9575