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.

____________________________________________________________
DEGREES:  □ MD  □ DPM  □ DO  □ PhD  □ Other: ________

FIRST          MI  LAST

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.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>ANNUAL DUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AENS-Fellow Renewal</td>
<td>For new Fellow applicants, additional criteria applies.</td>
<td>$475.00</td>
</tr>
<tr>
<td>☐ AENS-Fellow Qualified</td>
<td>Qualified status means you have completed an AENS approved intensive nerve course, but haven’t met all Fellow criteria.</td>
<td>$395.00</td>
</tr>
<tr>
<td>☐ Associate Member</td>
<td>Open to all physicians/allied medical professionals and vendors.</td>
<td>$295.00</td>
</tr>
<tr>
<td>☐ Senior Member</td>
<td>Medical Degree - must be fully retired.</td>
<td>$  95.00</td>
</tr>
<tr>
<td>☐ Student/Resident/Fellowship Member</td>
<td>Enrolled in a medical program. Non-voting.</td>
<td>$  25.00</td>
</tr>
<tr>
<td>☐ ENR Foundation Donation</td>
<td>Proceeds go to research and missions. 501(c)3 entity-tax deductible.</td>
<td>$______</td>
</tr>
</tbody>
</table>

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  |  www.aens.us  |  888-708-9575