

AENS 2020 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.

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> <i>*If membership has lapsed, contact AENS to reinstate status.</i>	\$475.00
<input type="checkbox"/> AENS Associate	Must be a licensed physician who has completed AENS approved Fundamental Nerve Course or held AENS Qualified Fellow prior to 2020.	\$395.00
<input type="checkbox"/> AENS Member	Open to all physicians/PhD, PT, allied health or research.	\$295.00
<input type="checkbox"/> Fellow Emeritus	AENS Fellow/Fully Retired.	\$125.00
<input type="checkbox"/> Student/Resident/Post Grad Fellow	Enrolled in a medical program.	\$ 25.00
<input type="checkbox"/> Honorary Member/Fellow	Awarded by AENS officers only. Submit nominations to info@aens.us .	\$ 0.00
<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 _____

JOIN ONLINE or RETURN THIS COMPLETED 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