

AENS 2025 MEMBERSHIP APPLICATION

AENS membership runs annually January 1 through December 31.

THANK YOU FOR YOUR SUPPORT IN ADVANCING NERVE TREATMENT! * RENEWALS: ONLY EDIT INFO THAT CHANGED



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 *VERIFY CORRECT EMAIL PRACTICE WEBSITE

CURRENT EMPLOYMENT: PRIVATE PRACTICE HOSPITAL UNIVERSITY RETIRED

PRACTICE SPECIALTY

NEW MEMBERS ONLY - AENS Fellow status requires separate application. Contact info@aens.us

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

ABFAS/ABPS CERTIFICATION YEAR: _____ * Required for Fellow status

SPECIALTY PERIPHERAL NERVE COURSE HISTORY: Dellon Institute prior to 2007 AENS SX Courses 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. Contact the AENS office for more details and the Fellow application. *If membership has lapsed, contact AENS to reinstate status.	\$475.00 Early Rate * After 2/15 \$575
<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 Early Rate *After 2/15 \$495
<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. *Submit authorization full retired.	\$125.00
<input type="checkbox"/> Student/Resident/Post Grad Fellow	Enrolled in a medical school, residency or fellowship 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. 501(c)3 entity-tax deductible.	\$ _____

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 | 512-722-6106