

# AENS 2026 MEMBERSHIP APPLICATION

AENS membership runs annually January 1 through December 31.

THANK YOU FOR YOUR SUPPORT IN 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 \*VERIFY FOR SMS ALERTS FAX

EMAIL \*VERIFY FOR AENS COMMUNICATIONS PRACTICE WEBSITE

CURRENT EMPLOYMENT: ☐ PRIVATE PRACTICE ☐ HOSPITAL ☐ UNIVERSITY ☐ RETIRED

PRACTICE SPECIALTY

OFFICE ADDRESS (for public listing on web) CITY STATE ZIP

☐ Check here if same as mailing address

NEW MEMBERS ONLY - AENS Fellow status requires separate application. Contact [info@aens.us](mailto: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](mailto:info@aens.us).

|  |  |  |
|--|--|--|
| <input type="checkbox"/> AENS Fellow <i>Renewal</i>        | For <u>new</u> Fellow applicants, additional criteria applies.<br>Contact the AENS office for more details and the Fellow application.<br>*If membership has lapsed, contact AENS to reinstate status. | <b>\$475.00</b> Early Rate<br>* 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.   | <b>\$395.00</b> Early Rate<br>* 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 <a href="mailto:info@aens.us">info@aens.us</a> .  | \$0.00   |
| <input type="checkbox"/> AENS Student Chapters             | Partner Residency Program / AENS Student Chapters  | \$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 mailing) 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](mailto:info@aens.us) | [www.aens.us](http://www.aens.us) | 512-722-6106