

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

PRACTICE SPECIALTY CURRENT EMPLOYMENT: PRIVATE PRACTICE HOSPITAL UNIVERSITY RETIRED

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

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: Dellen 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.

<input type="checkbox"/> AENS Fellow Renewal	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 Early Rate <i>* After 2/15 \$575</i>
<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 <i>*After 2/15 \$495</i>
<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"/> 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

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

TOTAL \$ _____

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 | www.aens.us | 512-722-6106