

# Application for Active Membership

- |  |  |
|--|--|
| <input type="radio"/> Doctoral, Physician (\$310)            | <input type="radio"/> Doctoral, Other (\$195)                  |
| <input type="radio"/> Professional Health Care (\$195)       | <input type="radio"/> Professional, Other (\$195)              |
| <input type="radio"/> Trainee, Physician in Training (\$170) | <input type="radio"/> Trainee, Other Student or Trainee (\$70) |

See *Membership Categories* in this flyer for category criteria. A letter from the trainee's institutional program director will be required as part of the trainee membership application and should be sent to the offices of the ASNR. The membership year runs from January to December.

*Dues amounts are subject to change at the discretion of the Board of ASNR and would become effective at the beginning of the fiscal year.*

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_ (Degree) \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

## Institution Mailing Address

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Preferred mailing address (if different from Institution Mailing address)

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

*Online journal subscriptions cannot be provided without an email address*

Date of Birth \_\_\_\_\_  Male  Female

## Activities List

- |   |   |  |   |
|---|---|--|---|
| <input type="radio"/> Advocacy                    | <input type="radio"/> Internal Medicine             | <input type="radio"/> Pediatrics           | <input type="radio"/> Speech/Language Therapy |
| <input type="radio"/> Basic Neuroscience Research | <input type="radio"/> Neurology                     | <input type="radio"/> Psychiatry           | <input type="radio"/> Trauma                  |
| <input type="radio"/> Biomedical Engineering      | <input type="radio"/> Neurosurgery                  | <input type="radio"/> Physical Therapy     | <input type="radio"/> Urology                 |
| <input type="radio"/> Clinical Trials             | <input type="radio"/> Nursing                       | <input type="radio"/> Psychiatry           |   |
| <input type="radio"/> Critical Care               | <input type="radio"/> Occupational Therapy          | <input type="radio"/> Psychology           |   |
| <input type="radio"/> Geriatrics                  | <input type="radio"/> Orthopedics                   | <input type="radio"/> Recreational Therapy |   |
| <input type="radio"/> Human Neuroscience Research | <input type="radio"/> Other Rehabilitation Research | <input type="radio"/> Social Work          |   |

*Please continue application on back*

## Education

Undergraduate

	<i>Institution</i>	<i>Dates</i>	<i>Degree</i>
Medical/Graduate			

	<i>Institution</i>	<i>Dates</i>	<i>Degree</i>
Residency			

	<i>Institution</i>	<i>Dates</i>	<i>Type</i>
Fellowships			

	<i>Institution</i>	<i>Dates</i>	<i>Type</i>

**Board Subspecialty Certification** \_\_\_\_\_

**Medical or Professional Societies/Honors** \_\_\_\_\_

How did you hear about the ASNR? (Please include name of referring member if applicable)

## Payment Information

*I authorize the American Society of Neurorehabilitation to charge my dues to my credit card listed below.*

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Check/Money order (US funds)    Check # \_\_\_\_\_

Visa         Master Card    Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_


*A \$25 processing fee will be charged for declined charges or returned checks.*

## Verification of Information

*I hereby certify that the information furnished is true and correct and that the ASNR is authorized to investigate and verify any representation made on this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please ensure all supporting documentation is included and mail or fax to:

 **ASNR** AMERICAN SOCIETY OF  
NEUROREHABILITATION  
5841 Cedar Lake Road  
Suite 204  
Minneapolis, MN 55416

Phone (952) 545-6324  
Fax (952) 545-6073  
Email info@asnr.com  
Website www.asnr.com