



American
Association of
Neurological
Surgeons

MEDICAL STUDENT MEMBER APPLICATION

Medical students in accredited allopathic or osteopathic medical schools in the United States, Canada, and Mexico are eligible to apply for AANS Medical Student membership. Membership will expire upon graduation from medical school unless the student enters an approved neurosurgical residency and membership is converted to Candidate category.

Please type or clearly print information except where signatures are required.

SECTION I - CONTACT INFORMATION

Name (in full):

First M Last Suffix

Preferred Mailing Address:

(please select one)

Street Apt. # / Room#

- Business
 Home

City State Zip Code Country

Phone Numbers:

Cell Phone Home Phone Fax Number

Date of Birth:

Date of Birth

*E-mail Address

Email

Please keep me informed with emails regarding:

AANS/CNS Sections Annual Meeting Educational Resources NREF Grants NeuroPoint Data News & Updates

***AANS DOES NOT SELL E-MAIL ADDRESSES**

SECTION II - MEDICAL SCHOOL INFORMATION

Institution: (Full name-no acronyms)

Start Date:

End Date:

month / year to month / year

YOUR DEAN OF STUDENTS OR MEDICAL DIRECTOR MUST SIGN THE FOLLOWING STATEMENT:

I certify that the student named on this application is currently enrolled in our medical school and that the start and end dates above are correct.

Title (Dean or Medical Director)

Name (please print)

Dean/Medical Director Signature

Dean/Medical Director E-mail

SECTION III - APPLICATION FEE

There is an application fee of \$25.00 US for this AANS membership category.

- American Express MasterCard VISA Discover Check (Payable to the American Association of Neurological Surgeons)

I belong to the _____ AANS Medical Student Chapter. Upon verification, my AANS Medical Student application fee will be waived and credit card not processed/check returned.

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Card Security/Verification Code: _____

Applicant's Signature

Date

Mail payment and completed form to:
American Association of Neurological Surgeons
Attn: Member Services
5550 Meadowbrook Drive
Rolling Meadows, IL 60008

Or fax to: 847.378.0600
Or e-mail to: memberservices@aans.org

**If e-mailing/faxing and paying by check, application will not
be processed until applicaiton fee is received**

For questions, call or e-mail:
Kim Bulat at 847.378.0538 or kab@aans.org

For chapter questions, call or e-mail:
Karen Yoshikawa at 847.378.0554 or kny@aans.org