## AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS



SECTION L DEDSONAL INFORMATION

5550 Meadowbrook Industrial Court Rolling Meadows, Illinois 60008 Phone: 847/378-0500 Toll free: 888/566-AANS

## **CANDIDATE/FELLOW MEMBER APPLICATION**

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Name (in full):	First	М.	Last		Suffix	Degree	
Preferred Mailing Addres (please check one) Business Home	S:			Apt.#/Suite #/Room #			
	City		State/Z	ip or Postal Code	Country		
Business Phone:	()		Cell Phone: (	)			
Fax Number:	()		Date of Birth:		<u>NPI #:</u>		
E-mail Address*:							
Please keep me informed	l with emails regard	ing:					
AANS/CNS Sections	Annual Meeting	Educational Resource	es NREF C	Brants Neu	uroPoint Data	News & Updates	
SECTION II – PROFES FELLOWSHIP TRAINING I Institution				Start Date		te	
				/	to	_/	
Fellowship Subspecialty:				monun year	monui	year	
Medical Specialty (if you	did not complete a r	neurosurgical residency	y):				
YOUR FELLOW	SHIP DIRECT	FOR MUST SIG	N THE FOI	LOWING	STATEME	NT:	
I certify that the doctor Accreditation Council fo Canada or the Mexican and seeing patients.	named on this appl or Graduate Medic:	ication is enrolled in a al Education, the Roy	a neurosurgical al College of Ph	training progra ysicians and Su	im approved by rgeons (Neuros	/ the surgery) of	
Fellowship Director (Please Print)Fellowship			Fellowship Direc	ellowship Director Signature			
SECTION III – CERTII	FICATION						
I hereby certify that, to the Signature:	-		1		s true and compl		

Please email completed form to memberservices@aans.org.