



American
Association of
Neurological
Surgeons

MEDICAL STUDENT CHAPTER APPLICATION

AANS Medical Student Chapters are established to provide mentorship and career development for the next generation of neurosurgical leaders. Please refer to the AANS Medical Student Chapter Rules & Regulations for details of eligibility and requirements.

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

SECTION I - SPONSOR/FACULTY

Medical School:

Sponsor/Faculty Name:

Address:

Home

Business

Phone Numbers:

E-mail Address:

Primary Subspecialty:

Academic Appointment:

SECTION II - RESIDENT ADVISOR (optional)

Resident Name:

Address:

Home

Business

Phone Numbers:

E-mail Address:

Expected Graduation:

SECTION III - STUDENT OFFICERS

President Name:

Address:

Home

Business

Contact Phone Number:

E-Mail Address:

Medical School Start Date:

Officer Term Start Date:

Expected Graduation Date:

Officer Term End Date:

Vice President Name:

Address:

Home

Business

Contact Phone Number:

E-Mail Address:

Medical School Start Date:

Officer Term Start Date:

Expected Graduation Date:

Officer Term End Date:

Secretary Name:

Address:

Home

Business

Contact Phone Number:

E-Mail Address:

Medical School Start Date:

Officer Term Start Date:

Expected Graduation Date:

Officer Term End Date:

SECTION IV - CHAPTER PROPOSAL

Please provide a brief description of the organization of your medical student chapter and include:

1. How will you format your chapter meetings? How frequently will you meet? What will be the structure of your meetings? How will you foster interest in membership of the chapter?
2. Are there projects (research, institutional, service) that you would like to accomplish?
3. How will you use the chapter to integrate with the department of neurosurgery at your institution?

SECTION V - REQUIRED DOCUMENTS

The following documents should be e-mailed to memberservices@aans.org:

- A letter/statement of support from the dean of student affairs **and** neurosurgery program chair (If this medical school does not have a neurosurgical program, a letter of support from any AANS member neurosurgeon will be required.)
- Draft of chapter charter
- A list of the names, address, e-mail address, and anticipated date of graduation for all chapter members you wish to enroll as AANS medical student members for the duration of their medical school career

SECTION VI - FACULTY MENTOR SIGNATURE

- Maintain a copy of the Chapter Charter on file for future review
- Abide by the rules and regulations governing medical student organizations germane to your medical school
- Maintain active membership in the American Association of Neurological Surgeons

• Maintain an AANS medical student chapter in good standing that will abide by the rules and regulations applicable to all AANS members and organizations and will specifically -

- o Maintain a leadership structure delineated by the chapter charter
- o Hold annual elections or provide for an orderly succession to insure that all leadership positions are filled
- o Submit an electronic annual report detailing the membership, fundraising, research, educational, and social activities of the AANS medical student charter
- o Alert the AANS through the Medical Student Subcommittee of the Young Neurosurgeons Committee of all changes or alterations of the above agreement

Sponsor/Faculty Mentor Signature

Name (Please Print)

SECTION VII - APPLICATION FEE

There is a \$50.00 US submission fee that is to accompany this AANS medical student chapter application.

American Express MasterCard VISA Discover

Name on Card:

Credit Card Number:

Expiration Date:

Card Security/Verification Code:

Card Holder's Signature

Date

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

Or email to:
memberservices@aans.org
For questions, contact us at
memberservices@aans.org