



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: _____
Street Apt#/Room#

Home _____
 Business _____
City State Zip Code Country

Phone Number: _____
Cell Phone

Date of Birth: _____
Date of Birth

*Email 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 EMAIL ADDRESSES**

SECTION II - MEDICAL SCHOOL INFORMATION

Institution: (Full name-no acronyms) _____ Start Date: _____ End Date: _____
 _____ / _____ to _____ / _____
month year 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 Discover MasterCard VISA 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: _____

Billing Address

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 e-mail to: memberservices@aans.org

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

For questions, call or e-mail:
AANS Member Services at 847.378.0500 or
memberservices@aans.org