



American  
Association of  
Neurological  
Surgeons

# Application for Membership

## AANS/CNS Section on Pain



**Eligibility:** Members of the AANS and/or CNS who are actively interested in the management of pain problems.

### I. Biographical:

(A) Name: \_\_\_\_\_

(B) Home Address: \_\_\_\_\_

(C) Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(D) E-Mail: \_\_\_\_\_

### II. Category of Membership Requested:

Active       Associate       International

### III. Membership, Certification and Practice:

(A) Are you certified by the American Board of Neurological Surgery?       Yes       No

(B) Are you a member of

1. The American Medical Association?       Yes       No

2. A Local or Regional Medical Society?       Yes       No

3. A State or Provincial Medical Society?       Yes       No  
Name: \_\_\_\_\_

4. American Association of Neurological Surgeons?       Yes       No

5. Congress of Neurological Surgeons?       Yes       No

6. The American Academy of Pain Medicine?       Yes       No

7. The American Pain Society?       Yes       No

8. The International Association for the Study of Pain?       Yes       No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return completed application with your membership fee of \$50 to:  
AANS/CNS Section on Pain  
7550 Eagle Way  
Chicago, Illinois 60678-1075**