

American Society for Peripheral Nerve

Associate Membership Application – Associate membership is open to individuals with an interest in peripheral nerve and/or neural regeneration who do not qualify for active membership. Active Membership requires an individual to hold M.D. or Ph.D. Degree, have documented evidence of accomplishments in neural regeneration and should demonstrate documented evidence of continuing research in neural regeneration.

Name: _____
last first m.i. degree(s)

Work Address: _____

Office Telephone:(____) _____ Fax:(____) _____

Email: _____

Home Address: _____

Home Telephone:(____) _____ Home Fax:(____) _____

Academic and Post Graduate Training

Institution	Major Field	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Position: _____

Institution: _____

Proposed by one Active Member:

Proposer's Name (Print)

Applicants Signature

Seconded by one Active Member:

Seconder's Name (Print)

Date

Please submit this membership application with the supporting materials listed below by the application deadline of October 1st.

1. CV or copy of a publication documenting your interest in neural regeneration.
2. Short one page document stating the reason why you want to join the organization.
3. Separate letters of recommendation from the Proposer and the Seconder.
4. Check or money order for \$200 in US dollars payable to ASPN.

Send to: ASPN Central Office
20 North Michigan Avenue
Suite 700
Chicago, IL 60602

Please contact the Central Office at 312-853-4799 if you have any questions.