

AMERICAN SOCIETY FOR PERIPHERAL NERVE

Candidate Membership Application - To qualify for candidate membership within the American Society for Peripheral Nerve, it is required that you express an interest in peripheral nerve and/or neural regeneration and are enrolled in or have completed a residency / PhD program that includes peripheral nerve or neural regeneration research. Candidate membership status may be extended or granted while a candidate continues in training such as research or clinical fellowships for up to five (5) years.

Rights and duties of Candidate members:

Candidate members receive reduced ASPN membership fees and reduced scientific meeting registration fees. They may attend scientific meetings and social functions. Candidate members may not serve on committees, vote, or hold office. This category is valid for up to 5 years.

PERSONAL DATA

Name _____

Office Address _____

City/State/Zip Code _____

Office Telephone _____

Office Fax _____

Office Email _____

Home Address _____

City/State/Zip Code _____

Home Telephone _____

Date of Birth/Place of Birth _____

Citizenship _____

Name of Spouse _____

PROFESSIONAL QUALIFICATIONS

Premedical School /
Undergraduate School _____

Location _____

Dates/Degree _____

Medical School
and/or Graduate School
Name _____

Location _____

Dates/Degree _____

Internship or PGY 1 Name _____
Location _____
Dates/Type _____

Residency Name _____
Location _____
Dates/Type _____

Post Doctoral
Fellowship Name _____
Location _____
Dates/Type _____

RESIDENCY or SCIENTIFIC TRAINING IN NEURAL REGENERATION
Inclusive Dates Location | Names of Director of Training Program

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
Date Admitted | Organization

PRESENTATIONS RELATED TO NEURAL REGENERATION
Include title of meeting, title of presentation, location, and date. Attach additional information if necessary.

1. _____
2. _____
3. _____
4. _____

INSTRUCTIONS

Candidates for membership must be sponsored by one (1) Active member of ASPN. It is recommended if possible that this individual be from the candidate's local geographical area. Each sponsor must write a letter to the chairman of the ASPN Membership Committee supporting the candidate. The applicant must submit a short one page document stating the reason why they want to join the organization.

Sponsor

Name:

Address:

Other letters of recommendation from those familiar with your professional activities are welcomed. The Membership Committee is particularly interested in receiving letters from chiefs of service of the hospitals, clinics, and universities in which you have trained and worked.

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. Two letters of recommendation from ASPN members in good standing (including one from your Sponsor)

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.

Signature of Applicant _____
Date _____