

# American Society for Peripheral Nerve

**Active Membership Application** - To qualify for active membership within the American Society for Peripheral Nerve it is required that you hold M.D. or Ph.D. Degree, have an interest in peripheral nerve and/or neural regeneration and should demonstrate documented evidence of continuing research in neural regeneration. Candidates must be proposed and seconded by active members in good standing.

Name: \_\_\_\_\_  
Last First M.I. degree(s)

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ 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 1<sup>st</sup>.

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 American Society of Peripheral Nerve.

Send to: American Society for Peripheral Nerve  
444 East Algonquin Road  
Arlington Heights, IL 60005-4664

Please contact the Central Office at 847-228-3370 or (800)333-8835 if you have any questions.