

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: () _____ 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 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.