

The Eastern Neuroradiological Society

2210 Midwest Road, Suite 207, Oak Brook, IL 60523-8205

Phone: 630-574-0220 ext. 234 ♦ FAX: 630-574-0661

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MEMBERSHIP APPLICATION

(Please print legibly or type)

Deadline: July 11, 2008*

(*This deadline is for anyone wishing to register for the ENRS 20th Annual Meeting)

Please read the following information carefully before completing this application.

Current member of ASNR or any of the following ASNR-managed specialty societies ... indicate your membership in the following society(ies) with an "X", check the appropriate membership category, and follow the directions:

___ ASNR ___ ASFNR ___ ASHNR ___ ASPNR ___ ASSR

- Senior** ... complete **Numbers 1, 3 and 6** (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ), and include prorated dues.
- Associate** ... complete **Numbers 1 and 6**, and include prorated dues.
- Corresponding** ... complete **Numbers 1, 3, and 6**, and include prorated dues

OR

Not a member of ASNR or any of the listed ASNR-managed specialty societies (above) ... check the appropriate membership category, and follow the directions:

- Senior** ... complete **Numbers 1 through 6**, (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ), and include prorated dues.
- Associate** ... complete **Numbers 1, 6, and applicable sections in between**, and include prorated dues.
- Corresponding** ... complete **Numbers 1, 3, 6 and applicable sections in between**, and include prorated dues.

1. **Name:** _____
(First Name, Middle Initial, Last Name, Degree)

List *both* home and office addresses:

Home _____
City _____
State/Zip _____
Phone () _____
E-Mail _____

(E-mail is required – print legibly)

Institution _____
Department _____
Address _____
City _____
State/Zip _____
Phone () _____
FAX () _____

Present position e.g., staff neuroradiologist/head and neck radiologist, private practice neuroradiologist/head and neck radiologist, other): _____

2. **Residency training in Diagnostic Radiology/Radiology:** Started ___/___/___ Completed ___/___/___

Institution _____

Residency Program Director's Name _____

3. **Certification by American Board of Radiology (ABR) or its equivalent (Senior applicants include a copy):**

Board _____ Date _____

(continued)

4. **Neuroradiology/Head and Neck training:** From: ___/___/___ to ___/___/___

Institution _____

Training Director's Name _____

5. **Name and signature of ENRS Senior member Sponsor (not required for members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR):**

Print Sponsor's Name _____

Sponsor's Signature _____

6. **All applicants must sign the application, and provide prorated membership dues.**

Applicant's Signature: _____ **Date:** _____

Prorated dues (to the right) include application fees		1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
<i>Senior</i>	\$125 + \$25 application fee	\$150	\$119	\$88	\$150
<i>Associate</i>	\$125 + \$25 application fee	\$150	\$119	\$88	\$150
<i>Corresponding</i>	\$125 + \$25 application fee	\$150	\$119	\$88	\$150

*When dues are paid during the 4th Quarter, membership is valid through December 31, 2008.

The deadline for applications and any required documentation is July 11, 2008. Applicants will be accepted as members once the Membership Coordinator has processed the application.

In order to register for the ENRS Twentieth Annual Meeting, August 21-23, 2008 at the *Nemacolin Woodlands Resort & Spa* in *Farmington, Pennsylvania* at the ENRS member rate, applications must be received by the deadline date.

Important!!

All applicants must include a completed application and prorated dues, including the application fee.

Applicants who are not members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR must include all of the following:

- ◆ Completed Application
- ◆ Sponsor Letter from one ENRS *Senior* member in good standing
- ◆ Current Curriculum Vitae
- ◆ Copy of Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ) **(applicants for *Senior* status only)**
- ◆ Prorated dues and application fee (non-U.S. residents must use the *Credit Card Authorization Form*)



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Credit Card Authorization Form

Please print all information below, and submit this form with your membership application. U.S. applicants may elect to pay by either check (made payable to the ENRS) or credit card, using this form. **All non-U.S. applicants are required to pay their prorated membership dues and application fee by credit card using this form.** Payment must accompany the application.

Please legibly print or type the information below:

Applicant's Name: _____
 Name of Institution/Affiliation: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Country (if other than U.S.): _____

Billing address, if different from above: Check one Home Institution Business Office

Name of Institution/Affiliation: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Country (if other than U.S.): _____

Indicate amount of *prorated* membership dues and application fee you are paying: _____

Prorated dues (<i>to the right</i>) include application fees		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
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Credit Card (check one): _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

If paying by credit card, this form must be included with your membership application.