Membership Information

Members of ASNR or any of the specialty societies it manages only need to complete the application, and provide prorated dues and the application fee. Applicants for Senior status must include a copy of their Radiology Board or Subspecialty Certification (formerly CAQ) certificate.

• Categories and Qualifications

  Senior Member… A) Shall be strongly interested and actively engaged in the practice of Neuroradiology. He/she must reside and work within the defined geographic limits of the Society; B) Shall be a radiologist certified by the American Board of Radiology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic College of Radiology, or other board or tribunal which, in the judgment of the Executive Committee, is of equivalent rank.

  Associate Member… shall be an individual with expertise in neuroradiology, residing and working within the defined geographic limits of the Society, who has an acknowledged interest in neuroradiology.

  Corresponding Member… shall meet all of the qualifications for Senior membership, but reside and practice outside of the geographic limits of the Society.

  Member-in-Training … shall be a physician in an ACGME or RCPSC accredited Neuroradiology fellowship program.

ENRS Geographic Boundaries: This Society's membership shall live and/or work within the geographical limits of the following states: Connecticut, Delaware, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, the District of Columbia, and the provinces of New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, and Quebec.

• Application Procedure …

  Current members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR must:
  1. Complete the areas noted on the application
  2. Include membership dues (which include the application fees)
  3. Submit a copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for Senior status

  Applicants who are not ASNR, ASFNR, ASHNR, ASPNR, or ASSR members must provide the following:
  1. Completed Application
  2. Sponsor name and signature from one ENRS Senior member in good standing who is familiar with and can substantiate the qualifications of the applicant
  3. Current Curriculum Vitae
  4. Copy of Radiology Board Certificate or Subspecialty Certification (formerly CAQ) certificate (applicants for Senior status only)
  5. Membership dues, which include the application fee (all applicants)

(continued)
• Membership Dues and Application Fees

<table>
<thead>
<tr>
<th>Category</th>
<th>Annual Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior</td>
<td>$125 + $25 application fee</td>
</tr>
<tr>
<td>Associate</td>
<td>$125 + $25 application fee</td>
</tr>
<tr>
<td>Corresponding</td>
<td>$125 + $25 application fee</td>
</tr>
<tr>
<td>Member-in-Training</td>
<td>$0 during fellowship (2-year maximum)</td>
</tr>
</tbody>
</table>

• Rights and Benefits of Membership

Senior, Associate, and Corresponding members receive a membership certificate. All members receive mailings from the Society, and may attend the scientific meetings and other functions of the Society at a reduced registration fee. Senior members in good standing shall be entitled to vote, to hold elected and appointed office, and to propose candidates for membership.

• Deadline for Membership Applications

Applicants will be accepted as members once the application has been processed.

To register for the ENRS Annual Meeting at the reduced member rate, a completed application and required documents must be received at least 6 weeks prior to the start of the Annual Meeting. Check our website for the meeting date, and additional information (www.enrs.org).

If you should have any questions, please contact Kristine Kulpaka, Membership Coordinator, at the Society’s Headquarters Office (Phone: 630-574-0220 ext. 234, FAX: 630-574-0661, E-mail: kkulpaka@asnr.org). We look forward to receiving your application.
MEMBERSHIP APPLICATION

To register for the ENRS Annual Meeting at the reduced member rate, a completed application and required documents must be received at least 6 weeks prior to the start of the Annual Meeting. Check our website for the meeting date, and additional information (www.enrs.org).

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 dues.
☐ Associate … complete Numbers 1 and 6, and include dues.
☐ Corresponding … complete Numbers 1, 3, and 6, and include dues.
☐ Member-in-Training … complete Numbers 1 and 6.

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 dues.
☐ Associate … complete Numbers 1, 5, 6, and applicable sections in between, and include dues.
☐ Corresponding … complete Numbers 1, 3, 6 and applicable sections in between, and include dues.
☐ Member-in-Training … complete Numbers 1, 2, 4, 5 (Program Director should serve as the sponsor), and 6.

(Please print legibly or type)

1. Name: __________________________________________________________
   (First Name, Middle Initial, Last Name, Degree)
   List both home and office addresses:
   Home __________________________________________________________
   City __________________________ State/Zip ________________
   Phone ( ) __________________________
   E-Mail __________________________
   Institution _____________________________________________________
   Department __________________________
   Address __________________________
   City __________________________ State/Zip ________________
   Phone ( ) __________________________
   FAX ( ) __________________________

   (E-mail is required – print legibly)

   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 __________________________________

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

Board_______________________________________________________ Date___________________________

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 membership dues, as indicated.

   Applicant’s Signature:___________________________________________________ Date:________________

   Category                  Annual Dues
   Senior                    $125 + $25 application fee
   Associate                 $125 + $25 application fee
   Corresponding             $125 + $25 application fee

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Important!!

Applicants must include a completed application and 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 name and signature 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)
♦ Membership dues and application fee (non-U.S. residents must use the Credit Card Authorization Form)
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 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.):____________________________________________

**Category**                      **Annual Dues**
Senior                           $125 + $25 application fee
Associate                        $125 + $25 application fee
Corresponding                   $125 + $25 application fee
Member-in-Training              $0 during fellowship (2-year maximum)

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.