



# North American Neuro-Ophthalmology Society

## MEMBERSHIP APPLICATION FORM

A neurologist, neurosurgeon, ophthalmologist or worker in allied fields whose professional activities include instruction, research or patient care in the field of neuro-ophthalmology is eligible for membership. Different categories of membership have different eligibility criteria. See the NANOS bylaws for details ([http://www.nanosweb.org/about\\_nanos/bylaws.htm](http://www.nanosweb.org/about_nanos/bylaws.htm)).

International and/or Active Member - \$400 annual fee + \$50 initiation fee

NAME: \_\_\_\_\_ DESIGNATION/DEGREE: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME MAILING ADDRESS (If Preferred): \_\_\_\_\_

RESIDENCY: \_\_\_\_\_  
(Institution, City, State, Country)

RESIDENCY SPECIALTY: \_\_\_\_\_ DATES: \_\_\_\_\_

FELLOWSHIP: \_\_\_\_\_  
(Institution, City, State, Country)

FELLOWSHIP SPECIALTY: \_\_\_\_\_ DATES: \_\_\_\_\_

BOARD CERTIFIED IN (SPECIALTY): \_\_\_\_\_ "US" "CANADA" OTHER \_\_\_\_\_

DATE OF CERTIFICATION: \_\_\_\_\_

**OR**

BOARD ELIGIBLE IN (SPECIALTY): \_\_\_\_\_ "US" "CANADA" OTHER \_\_\_\_\_

ANTICIPATED DATE OF CERTIFICATION: \_\_\_\_\_

Individuals practicing outside of the US or Canada must submit documentation that they have been recognized specialists in Neuro-Ophthalmology in their country for at least five years and have achieved distinction in clinical practice, teaching or research if applying for Active International Membership. All applicants must include a CV. Individuals applying for Active Membership must provide verification that he/she has passed USMLE Parts 1, 2, and 3 or provide proof of Board Certification.

**Membership Applications must either bear the signature of a sponsor who is a Fellow in NANOS or include a written recommendation for membership. (Fellow refers to a class of membership.)**

Sponsor (print name): \_\_\_\_\_ (signature): \_\_\_\_\_

Have you ever been a member of NANOS? "Yes" "No"

If yes, please state the reason why your membership was previously terminated. \_\_\_\_\_

**AMOUNT ENCLOSED:** \_\_\_\_\_

Check # \_\_\_\_\_ "MasterCard" "Visa"

Credit Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please complete and return the application, CV, and USMLE verification (applicable to Active Membership Only) to:**

NANOS, 5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416  
Phone: 952-646-2037 Fax: 952-545-6073 Email: [info@nanosweb.org](mailto:info@nanosweb.org)

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