



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).

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 (circle) OTHER _____

DATE OF CERTIFICATION: _____

OR

BOARD ELIGIBLE IN (SPECIALTY): _____ US CANADA (circle) 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.

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): _____

I am interested in serving on a committee or task force. Yes No

My interests are in the following areas: _____
(i.e. Research, Membership, Scientific Program, Financial, suggestions for new committees, etc.)

Have you ever been a member of NANOS? Yes No

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

AMOUNT ENCLOSED: \$450 (\$400 ANNUAL FEE + \$50 INITIATION FEE)

Check MasterCard Visa American Express

Credit Card: _____ Expiration: _____

Name on Card: _____ Signature: _____

Please complete and return the application, CV, and USMLE verification (applicable to Active Membership Only) by January 6, 2012 to:

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