



# APPLICATION FOR MEMBERSHIP FOR NEUROSURGEONS

(Please type or print clearly.)

This application is for prospective neurosurgeon members. You may apply for the following categories (see reverse side for eligibility requirements):

- Active (Dues - \$260)                       Provisional (Dues - \$260)  
 Corresponding (Dues - \$260)             Resident (Automatic Member - Dues Free)

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Preferred Mailing Address:     Office     Home  
E-Mail: \_\_\_\_\_ Preferred Communication:     Mail     E-Mail     Fax

Date of Birth: \_\_\_\_\_ Sex:     Male     Female

Medical School/College: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Residency: Institution: \_\_\_\_\_ Type: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Fellowship: Institution: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Have you ever had your license to practice medicine or hospital privileges revoked or suspended? Yes or No (circle one)

If yes, please explain on a separate piece of paper.

State Medical License: Year: \_\_\_\_\_ Number: \_\_\_\_\_

Board of Certification in Neurosurgery: ABNS ; ABOS ; RCSC

Date of Certification: \_\_\_\_\_ Certificate #: \_\_\_\_\_

If not certified, date of eligibility: \_\_\_\_\_

Membership in Medical Organizations: \_\_\_\_\_  
\_\_\_\_\_

Hospital Appointments (Name, Address):

\_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Academic Appointments:

Title: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Title: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Title: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

**Sponsors - Required** (Must be active members of PNS, one of whom must not be a professional associate of the applicant.)

1. Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

**For use on PNS web site**

Check here if you DO NOT want your name and contact information to be added to the “Find a Neurosurgeon” directory on the PNS website.

Office Address 1: \_\_\_\_\_ Office Address 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office 1 Phone: \_\_\_\_\_ Office 2 Phone: \_\_\_\_\_  
Office 1 Fax: \_\_\_\_\_ Office 2 Fax: \_\_\_\_\_

**Sub-specialties:**

- |  |   |                                     |                                  |
|--|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Cerebrovascular           | <input type="checkbox"/> Endovascular     | <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Pain    |
| <input type="checkbox"/> Pediatric                 | <input type="checkbox"/> Peripheral Nerve | <input type="checkbox"/> Skull Base | <input type="checkbox"/> Spine   |
| <input type="checkbox"/> Stereotactic & Functional | <input type="checkbox"/> Trauma           | <input type="checkbox"/> Tumor      | <input type="checkbox"/> Retired |

Business web site address: \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed form, a copy of your curriculum vitae, and a check for the first year of dues to:**

Pennsylvania Neurosurgical Society, 777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820

For additional information, call 717-558-7750, ext. 1515

**Membership Classifications**

**Active:**

Active members in good standing are the only class of membership with the right to vote and to hold office. Active membership in the Society shall be open to those qualified neurosurgeons who meet all of the following criteria:

1. Licensed to practice Medicine and Surgery within the Commonwealth of Pennsylvania;
2. Certification by, or eligibility (as defined by the applicable entity) for certification by, the American Board of Neurological Surgery, American Board of Osteopathic Surgery, or Royal College of Surgeons of Canada;
3. Engaged in the active practice of Neurosurgery within the Commonwealth of Pennsylvania; and
4. Have good professional, moral and ethical standing in the community.

**Provisional:**

Provisional membership is open to those Neurosurgeons who, at the time of application, have met all of the criteria for Active membership except for involvement in the exclusive practice of Neurosurgery within the Commonwealth of Pennsylvania.

Upon the majority vote of the Council, Provisional membership status shall be granted for a term of one year. At the conclusion of one year, a provisional member who meets all of the criteria for Active membership shall be eligible for Active membership at the next general business meeting.

**Corresponding:**

Corresponding membership shall be open to practicing physicians, otherwise qualified under the criteria for Active membership, but who reside outside of the Commonwealth of Pennsylvania. Corresponding members shall enjoy all the privileges of membership except those of voting and holding office. Corresponding members are subject to dues and assessments.

**Resident:**

Resident membership in the Society is open to those residents in training in Neurological Surgery in an AMA or AOA approved residency in Neurological Surgery. Resident members shall not be required to pay dues but shall enjoy all the privileges of membership except those of voting and holding office.