NEW YORK STATE NEUROSURGICAL SOCIETY, INC.

Membership Application

Print or use typewriter. Complete each space. Write "none" if question is not applicable.

Date of Application: _____

1. I hereby make application (circle one):
   Active Associate Special Honorary Senior Membership

2. Name: _____ 3. Date of Birth: _____
   (Last) (First) (Middle)

4. Mailing Address: _____
   (Number) (Street)

   _____
   (City) (State) (Zip) (County)

   Phone: _____ E-Mail_____

5. Location of principal professional activity: _____
   (City and State or County)

6. Sex: Male Female

7. Medical Education: _____
   (School) (City)

   _____
   (State or County) (Years) (Degree)

8. Residency:

   _____

   _____

   _____
   (Location and Dates)

9. Fellowship: _____
   (Location and Dates)

10. Licensed to practice medicine in: _____
    (State and Date) (License No.)

    _____
    (State and Date) (License No.)

    _____
    (State and Date) (License No.)

    ECFMG _____
    (Type and Date)

11. Membership in: _____County Medical Society

12. Membership in American Medical Association: Yes No Date: _____

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13. Previous Membership in Neurosurgical or Component Society:

_____

_____

_____

(Society and Dates)

14. Certification by American Board of Neurological Surgeons: _____

(Date)

Other: _____

(Name and Date)

15. Present Appointments:

_____

_____

_____

(Indicate Institutions and Dates)

FOR PHYSICIANS IN FULL TIME MILITARY SERVICE ONLY

16. _____

(Rank) (Duty Station) (Branch)

17. Date and Entry into Active Duty: _____ Expected Date of Discharge: _____

SPONSORS: (Two Active Members of the Society

A. _____

(Typed Name) (City and State) (Signature)

B. _____

(Typed Name) (City and State) (Signature)

Applicants Signature: _____

FOR NEUROSURGICAL SOCIETY USE ONLY

Approved by: _____ Membership Committee

(Signature)

Elected to: _____membership on _____

(Category) (Date)

Comments: _____

RETURN COMPLETED APPLICATION WITH $200.00 DUES TO:

John M. Abrahams, M.D., Secretary
New York State Neurosurgical Society
Po Box 359
Hartsdale, NY 10530