



## JUNIOR MEMBERSHIP INFORMATION

*Thank you for your interest in the Society of NeuroInterventional Surgery (SNIS). We are pleased to provide you with the attached application, and the following information regarding the Society.*

### OBJECTIVES OF THE SOCIETY

The Society shall be a non-profit educational society of physicians and scientists interested in neurointerventional surgery; shall develop and support standards of post-graduate training and practice in neuro-interventional surgery; shall work to stimulate interest and scientific research to advance the development of neurointerventional surgery; shall meet regularly to provide an exchange of scientific information, and to disseminate the newest concepts in the field of neurointerventional surgery; shall provide a forum for an exchange of ideas to define the further direction and role of neurointerventional surgery, and to provide representation to implement these goals.

### JUNIOR MEMBERSHIP REQUIREMENTS

- Have active interest and special competency in neurointerventional surgery;
- In training in interventional neuroradiology, endovascular neurosurgery or interventional neurology;
- Letter of reference from the Program Director;
- **Please note: Junior membership in SNIS can be held for no longer than three years.**

### JUNIOR MEMBERSHIP BENEFITS

- Access to the "Members Only" and "Amenities" Sections of the SNIS website, [snisonline.org](http://snisonline.org);
- Internet-only subscription to the *Journal of NeuroInterventional Surgery*, the official journal of SNIS, as well as all supplements to JNIS;
- Access to SNIS Connect, the members-only online forum;
- A subscription to *The Embolus*, the official newsletter of SNIS;
- Reduced registration fees to SNIS-sponsored meetings and conferences;
- Networking opportunities with fellow experts in this expanding medical specialty;
- A subscription to *Suite Talk*, the official electronic newsletter of SNIS;
- Discounts on SNIS products.

**Dues for Junior membership are currently \$50.00 a year.**

### JUNIOR MEMBERSHIP DOCUMENTATION REQUIRED

- Completed Application
- Current CV detailing training and professional experience
- Letter of reference from the Program Director

### PLEASE RETURN ALL DOCUMENTS TO:

SNIS Membership Chairman  
3975 Fair Ridge Drive, Suite 200 North  
Fairfax, VA 22030

If you have any questions, please call SNIS Headquarter at (703-691-2272) or Email [info@snisonline.org](mailto:info@snisonline.org).

**PLEASE NOTE:** *All of the documents must be submitted for the application to be processed.*



# APPLICATION FOR JUNIOR MEMBERSHIP

Please type or print legibly

Please refer to the *Junior Membership Information* sheet accompanying this application for full details.

Name \_\_\_\_\_

First	Middle	Last	Degree
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**ADDRESS INFORMATION** — List both home and office addresses, and check your *preferred mailing address*.

I prefer that correspondence is sent to my:  Home  Office

**HOME**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**OFFICE**

Applicant's Title \_\_\_\_\_

Institution/Affiliation \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**SPONSOR** — Candidates *must* be sponsored by their program director.

Name of Sponsor \_\_\_\_\_ Institution \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**BOARD CERTIFICATION** — Candidates need to be board certified or eligible by the ABMS, RCPS or equivalent.

Board or Tribunal \_\_\_\_\_ Date of Certification \_\_\_\_\_

**FELLOWSHIP TRAINING**

Institution/Department	Program Director	Dates
Institution/Department	Program Director	Dates

**MEDICAL OR GRADUATE EDUCATION**

Institution	Degree	Date
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**RESIDENCY TRAINING**

Institution/Department	Program Director	Dates
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**LICENSURE** — States/Countries in which licensed to practice medicine

I agree to abide by the Bylaws of the SNIS and any revisions thereof:

Applicant's Signature	Date
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