Medical Student/Resident Membership Information

All of the documents must be submitted for the application to be processed.

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.

Medical Student/Resident Membership Requirements

- Be a resident or medical student who has a professional interest in neurointerventional surgery.
- Currently enrolled in a residency or medical school accredited or approved by the appropriate regulatory body or Ministry for your country. Applicants in countries without an existing system of accreditation must have their membership approved by the SNIS Membership Committee.
- Submit a signed letter from the Medical School Dean or Medical Department Chairman that the applicant is a medical student in good standing or from your Residency Program Director.

Medical Student/Resident Membership Benefits

- Access to the "Members Only" Section of the SNIS website, snisonline.org;
- A subscription to the *Journal of NeuroInterventional Surgery*, the official journal of SNIS;
- A subscription to *The Embolus*, the official newsletter of SNIS;
- Access to SNIS-sponsored meetings and conferences;
- Mentoring and networking opportunities in one of the largest growing medical fields;
- A subscription to *Suite Talk*, the official electronic newsletter of SNIS;
- Discounts on SNIS products.

Medical Student/Resident membership is free and can remain active until the applicants' proposed date of graduation. Medical Student members will need to provide a signed letter from their Residency Program Director during the year of their proposed graduation in order to continue membership at a Resident level. Residents will need to provide a Fellowship Director Reference Form for Junior Membership during the year of their program completion in order to continue membership as a Junior member.

Medical Student/Resident Membership Documentation Required

- ☐ Completed Application
- ☐ Signed letter from the Medical School Dean or Medical Department Chairman that the applicant is a medical student in good standing or from your Residency Program Director.

Please return all documents to:
SNIS
Attn: SNIS Membership Chairman
12587 Fair Lakes Circle, Suite 353
Fairfax, VA 22033

If you have any questions, please call SNIS Headquarter at **703-691-2272** or Email **info@snisonline.org**.

SNIS Society of NeuroInterventional Surgery

Application for Medical Student/ Resident Membership

Please refer to the Medical Student/Resident Membership Information sheet accompanying this application for full details. Please type or print legibly.

Name _____
First Middle Last

☐ Male ☐ Female

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

INSTITUTION

Institution

Address

City State Zip

Phone Email

Website

Medical Student/Residency Program

I am applying for membership as a: ☐ Medical Student ☐ Resident

Title of Department/Division

Date of Enrollment Proposed Date of Graduation

Name of Dean/ Department Chair (Please Print)

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

Applicant's Signature Date

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership with SNIS for which I now apply.