Senior Scientist 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.

Senior Scientist Membership Requirements

- Include scientists whose primary research focuses on topics relevant to cerebrovascular disease, device and image-guidance technology deployed by neurointerventional surgeons, and/or predictions of treatment efficacy and safety of neurointerventional treatments by preclinical (in vivo, in vitro, or in silico) modeling.
- Scientists shall be eligible for Senior Scientist Membership after having been as Associate Member for 5 years.
- Current CV detailing training and professional experience.

Senior Scientist Membership Benefits

- The right to vote in the Society;
- The right to serve on a Standing Committee of the Society;
- Access to the "Members Only" and "Amenities" Sections of the SNIS website, snisonline.org;
- Access to SNIS Connect, the members-only online forum;
- A subscription to *The Embolus*, the official newsletter of SNIS;
- A subscription to the *Journal of NeuroInterventional Surgery*, the official journal of SNIS;
- Reduced registration fees to SNIS-sponsored meetings and conferences;
- A subscription to *Suite Talk*, the official electronic newsletter of SNIS;
- Networking opportunities with fellow experts in this expanding medical specialty;
- Discounts on SNIS products.

Dues for Senior Scientist membership are currently $550.00 a year.

Senior Scientist Membership Documentation Required

- ☐ Completed Application
- ☐ Current CV detailing training and professional experience
- ☐ Sponsorship from two Senior or Senior Scientist members

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 Senior Scientist Membership

Please refer to the Senior Scientist Membership Information sheet accompanying this application for full details. Please type or print legibly.

Name _____
First Middle Last Degree

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

Sponsors – Candidates **must** provide 2 references and contact information.

Name of Sponsor 1 Institution

Phone Email

Name of Sponsor 2 Institution

Phone Email

Post Doctoral Training

Institution/Department Program Director Dates

Institution/Department Program Director Dates

Graduate Education

Institution Degree Date

Program Director Dates

Scientific Society Memberships

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

Applicant's Signature Date