Senior 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 Membership Requirements

- One year subspecialty training in interventional neuroradiology, endovascular neurosurgery or interventional neurology;
- Letter from Program Director documenting direct involvement in a minimum of 100 neurointerventional procedures during their training;
- Two professional references and their contact information;
- Candidates need to be board certified or eligible by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank, and supply a copy of the certificate with the application;
- Current CV detailing training and professional experience

Senior Membership Benefits

- The right to vote and hold elective office in the Society;
- The right to serve on a Standing Committee of the Society;
- Listing in the 'Doctor Finder' feature on the SNIS website and the SNIS patient information website, BrainAneurysm.com;
- Access to the "Members Only" Section 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 membership are currently $875.00 a year.

Senior Membership Documentation Required

- ☐ Completed Application
- ☐ Current CV detailing training and professional experience
- ☐ Copy of Board Certification certificate (if board certified)
- ☐ Letter from Program Director documenting candidates' training and verifying at least a minimum of 100 neurointerventional procedures performed at the institution during the candidate's training

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 Membership

Please refer to the Senior 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

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

Residency Training

Institution/Department Program Director Dates

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