



The Florida Neurosurgical Society ■ P.O. Box 7040 ■ Jacksonville, FL 32238

904/786-0846 Fax 904/786-9939 Flneurosurg@att.net

APPLICATION FOR MEMBERSHIP

Membership in this Society is a privilege and is contingent upon compliance with the requirements specified in the Bylaws. No person shall be accepted or continued as a member of this Society unless the individual is of good moral character and adheres to the ethical standards of the medical profession. No person shall be accepted for membership unless the individual meets the requirements and is practicing in accordance with the principles of this Society.

Name _____
First Middle Last Degree

Office Address _____
Number Street Suite, Apt, Unit, Bldg.

_____ City County State Zip + 4

Mailing Address _____
(if different from above) Number Street Suite, Apt, Unit, Bldg.

_____ City County State Zip + 4

Phone _____
Office Cell or Home Fax email address

Date of Birth _____ Board Certification _____
Month / Day / Year Please provide documentation

Indicate Qualifying Membership Category

- Active \$250** Physicians and surgeons who are in possession of a full and unrestricted license to practice medicine in Florida and who possess the qualifications to be identified as specialists in neurological surgery, based on completion of adequate training in neurosurgery as judged by the appropriate bodies overseeing that training, such as (a) certification by the American Board of Neurological Surgery or similar designation from parent country or (b) by reason of education, training and experience, the individual has been designated eligible for examination by the American Board of Neurological Surgery or similar designation from parent country.
- Associate \$250** Physicians and surgeons who possess a full and unrestricted license to practice medicine in Florida who declare that the majority of their practice and professional activities are in the specialty of neurological surgery within Florida, but do not possess qualifications for Active membership as defined above. Associate membership is limited to a term of five years, at which time you must qualify for and be elected to another category of membership or cease to be a member of this Society.
- Resident N/C** Residents and Fellows in good standing in neurological surgery training program in Florida, approved by the American Board of Neurological Surgery. Resident membership will terminate upon graduation or termination of training. Application must be accompanied by a statement from the Program Director
- Affiliate \$200** Allied health care professionals who are actively involved in neurosurgical patient care, teaching, or research in Florida.

Two Sponsors Required: must be a current member of The Florida Neurosurgical Society (a member Roster will be furnished upon request)

FNS Member Name - please print _____ Sponsor #1 - Signature _____

FNS Member Name - please print _____ Sponsor #2 - Signature _____

Medical School _____ Date _____

Hospital Appointments _____

Teaching Appointments _____

FMA Member Membership in other medical societies _____

Applicant's Signature _____ Date _____

PLEASE MAIL COMPLETED APPLICATION, ALONG WITH A CURRENT CV AND PAYMENT FOR 2008 DUES AS OUTLINED ABOVE, MADE PAYABLE TO The Florida Neurosurgical Society, P.O. Box 7040, Jacksonville FL 32238