



Resident/Trainee Membership Application

For students currently enrolled in medical school or in a residency program/fellowship in the field of Neuromodulation, Pain Management or another related discipline, please consider joining The North American Neuromodulation Society! Your student membership in the North American Neuromodulation Society (NANS) includes the following benefits:

- Electronic Subscription to *Neuromodulation, Technology at the Neural Interface*
- Discounts at NANS educational programs
- Membership in the International Neuromodulation Society
- NANS newsletters that include relevant updates on the latest practices in Neuromodulation
- Opportunities for Networking with colleagues and experts within the field

To become a member, please complete the information below.
PAYMENT MUST ACCOMPANY THE APPLICATION.

Send completed application with payment to:

North American Neuromodulation Society
Post Office Box 3781
Oak Brook, IL 60522-3781

Phone: 847/375-4714
Fax: 847/375-6492

**Special Rate
for Students/
Trainee/Residents
\$50**

Member Information

Name _____ Professional Degree _____

My preferred mailing address is: work home

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Specialty: _____

Payment Information

Check (made payable to the North American Neuromodulation Society)

Mastercard VISA American Express

Account Number _____ Expiration Date _____

Signature _____ Date _____

Degree <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN/PA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> DDS <input type="checkbox"/> PharmD	Medical Specialty (if appropriate) <input type="checkbox"/> Anesthesiology <input type="checkbox"/> ENT <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal Med / Family Practice <input type="checkbox"/> Neurology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Orthopedics <input type="checkbox"/> Rehabilitation Medicine <input type="checkbox"/> Thoracic Surgery <input type="checkbox"/> GI <input type="checkbox"/> Urology/ GYN <input type="checkbox"/> Other _____	Nursing Position (if appropriate) <input type="checkbox"/> Anesthesia Pain Practice <input type="checkbox"/> Angiology Nurse Practice <input type="checkbox"/> Cardiology Nurse Practice <input type="checkbox"/> Implant Nurse Coordinator <input type="checkbox"/> Neurological Nurse Practice <input type="checkbox"/> Neurosurgical Nurse Practice <input type="checkbox"/> Research Position <input type="checkbox"/> Urological Nurse Practice <input type="checkbox"/> Other _____
Basic Scientific Interest <input type="checkbox"/> Biochemistry <input type="checkbox"/> Bioengineering <input type="checkbox"/> Biophysics <input type="checkbox"/> Neuroanatomy <input type="checkbox"/> Neuropharmacology <input type="checkbox"/> Neurophysiology <input type="checkbox"/> Statistics <input type="checkbox"/> Other _____	Present Position <input type="checkbox"/> Clinical <input type="checkbox"/> Research <input type="checkbox"/> Teaching	Type of Practice <input type="checkbox"/> Academic Medical Center <input type="checkbox"/> Hospital Based <input type="checkbox"/> Freestanding Outpatient Center <input type="checkbox"/> Physician Office Practice <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Other _____

	Name of Institution	Degree	Dates
Professional School (Medical, Nursing, etc)			
Residency			
Fellowship			
Other			

Dates	Name of Your Institution/Practice	Your Title/Position
to Present		