

Regular dues \$225
Nurses & PA dues \$40

HOUSTON NEUROLOGICAL SOCIETY, INC APPLICATION FOR MEMBERSHIP

(Annual dues must accompany this application for the coming year)

NAME: _____

Please print or type

Practice Specialty: _____ Age: _____ Birthplace: _____

If Resident check this box

Check preferred mailing address:

Home

Address: _____

Office

Address: _____

Phone: _____ Fax: _____ email: _____

College and degree; date: _____

Medical or Graduate School; date: _____

Postgraduate years, residencies,
fellowships; dates: _____

Licensure: _____ Board Certification: _____

Type of practice; subspecialty interests: _____

Teaching or research position now held if applicable: _____

Sponsor (optional): _____

Candidate Signature: _____

Date

Board of Trustees: _____

Date

Please return this form to: Houston Neurological Society, 1515 Hermann Dr., Houston, Texas
77004. Phone 713-524-4267 ext. 223. Email: admin@houstonneurologicalsociety.org