



# Allied Health Membership Application

The North American Neuromodulation Society welcomes you to join us. Allied Health Membership is intended for licensed professionals who treat patients with neuromodulation and who are employed in a clinical practice setting, academic institution or equivalent. Individuals with any of the following degrees or designations are eligible for this membership category: P.A., RN, NP, CNS, PA, PT, OT etc. Members in this category receive all of the benefits listed below, but may not run for elected officer positions. Allied Health members are encouraged to volunteer for any of the NANS committees.

- Subscription to *Neuromodulation, Technology at the Neural Interface* (Published 6 times/year)
- 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
- Access to electronic archives of the Journal

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

**Annual Membership  
Dues**

**\$225**

## Member Information

Name \_\_\_\_\_ Professional Degree \_\_\_\_\_

My preferred mailing address is:  work  home

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Payment Information

Check (made payable to the North American Neuromodulation Society)

Mastercard  VISA  American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Degree</b> <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> PRN <input type="checkbox"/> OT <input type="checkbox"/> CNS <input type="checkbox"/> PT	<b>Medical Specialty</b> (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"/> Vascular Surgery <input type="checkbox"/> Urology/ GYN <input type="checkbox"/> Other _____	<b>Nursing / PA Position</b> (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 _____
<b>Basic Scientific Interest</b> <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 _____	<b>Present Position</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Research <input type="checkbox"/> Teaching	<b>Type of Practice</b> <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
<b>Professional School</b> (Medical, Nursing, etc)			
<b>Residency</b>			
<b>Fellowship</b>			
<b>Other</b>			

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