



WISCONSIN NEUROLOGICAL SOCIETY

2018 Membership Application/Dues Renewal

Please update any incorrect information and/or fill in any missing information. Thank you.

Name	_____	
Employer/School	_____	
Preferred contact	<input type="radio"/> Work	<input type="radio"/> Home
Address	_____	
City State ZIP	_____	
Phone	_____	
Fax	_____	
Email	_____	

Please check a membership category.

Note: Active/Retired/Associate Member dues year is January 1– December 31. Dues are not prorated.

Active Member - \$125.00

Active members are physicians in Wisconsin, or geographically adjacent areas who are certified by, or eligible for certification by, the American Board of Psychiatry and Neurology, Inc., in neurology. The physicians should be licensed to practice in the State of Wisconsin or adjacent states. Regular members may vote and hold offices.

Resident Members - \$50 (Note: Resident dues year is July 1, 2016 – June 30, 2017)

Resident members are those in Wisconsin or geographically adjacent areas who are enrolled in an approved neurology residency training program or other professional graduate training program designed to prepare them for research, teaching or practice in neurology. Resident memberships terminate automatically when the physician has completed his or her training program and are eligible for another category of membership. Resident members may not vote or hold office in the Society.

Month/Year of graduation: _____ School attending: _____

Retired Members - \$50.00

Retired members shall be those who otherwise meet the requirements for Regular members, but who in addition have retired from Regular practice, or have achieved an emeritus status, or who request Retired status upon reaching their 65th birthday. Retired members may vote and hold office in the Society.

Associate Members - \$75.00

Associate membership is physicians, scientists or other medical professionals that do not meet the requirements for other membership categories, but who have a strong interest in neurology or the related basic sciences. Associate members may not vote or hold office in the Society.

Optional Bennett Hiner Memorial Fund Contribution: _____

Total Enclosed: \$ _____ Method of Payment: Check # _____ Credit Card (Visa / MasterCard/ Discover)

Card # _____ Expiration Date _____ Security Code _____

Name of Cardholder _____

Signature _____

Please return completed membership form along with payment to:

Wisconsin Neurological Society
563 Carter Court, Suite B
Kimberly, WI 54136
Email: WNS@badgerbay.co • Fax: 920-882-3655