



The American Society of Neurophysiological Monitoring

275 N. York St, Suite 401, Elmhurst, Illinois 60126
(630) 832-1300 | (630) 563-9181 Fax | www.ASNM.org

MEMBERSHIP APPLICATION

PAGE 1 of 2

You may also fill out this form and make payment online at www.ASNM.org.

Thank you for your support of The Society.

* Required fields.

GENERAL INFORMATION

FIRST NAME*

LAST NAME*

DEGREES

(Select all that apply)

AA/AS/AAS BA/BS MS/MA MBA PhD/ScD MD/DO JD

DC AuD PharmD Other: _____

CREDENTIALS

(Select all that apply)

CNIM DABNM CCC-A RN/LPN R. EEG T. R. EP T.

Other: _____

JOB TITLE

ORGANIZATION/
EMPLOYER

EMPLOYER SECTOR

Private Practice Multi-Specialty Academics

Hospital Mobile IOM Provider Research Other: _____

MAILING ADDRESS*

SUITE/APT

CITY*

STATE*

ZIP*

COUNTRY*

EMAIL ADDRESS *

WORK PHONE

MOBILE PHONE

PREFERRED PHONE: WORK MOBILE

BACKGROUND

How did you hear about ASNM?

Please briefly describe your involvement in neuromonitoring or other affiliated field.

Please list your memberships in other medical societies.



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FULL NAME *

COMMUNICATION

- Please exclude me from commercial distributions of the membership list.
 Please exclude me from the online membership directory.

PAYMENT INFORMATION

Please complete the following fields for your membership payment. A receipt will be emailed to the address provided upon processing. You may also purchase memberships online at www.ASNM.org.

PAYMENT ENCLOSED*

- \$185 – General Member
 \$50 – Student Member (proof of student status must be submitted annually)

TYPE *

- Visa MasterCard American Express Discover Check

Card Number

Exp.

Name on Card

CVV Code

Billing Address (if different)

Signature*

Send this completed form, a current resume or CV, a letter from your Program Director (if applying for student membership) and payment to ASNМ.

*Once received in full, the application will be processed within 7 business days.
Acceptance of membership will be provided via email.*

Email: Info@ASNМ.org

Fax: (630) 563-9181

Address: ASNМ
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