

# SPINE INTERVENTION SOCIETY FELLOW/RESIDENT/MEDICAL STUDENT MEMBERSHIP APPLICATION



## PERSONAL & CONTACT INFORMATION

Name: First/Middle/Last

Nickname

Degree(s)

Specialty

Date of Birth

Home Street Address

Home City/State/Province/Postal Code/Country

Fellow

Resident

Medical Student

Male

Female

Preferred Primary Email

Program

Personal

Preferred Mailing Address

Program

Personal

Program/School-based Email

Personal/Permanent Email

Program/School Phone

Personal Phone

Facebook Profile URL

LinkedIn Profile URL

Twitter Handle

## QUALIFICATIONS

Membership is limited to those ultimately pursuing certification in the following specialties:

I am currently certified in one or more of the following specialties, and have attached verifying documentation.

I am not currently certified in one of the following specialties, but I expect to complete certification on \_\_\_\_\_, and have attached verifying documentation.

I am not currently certified, but I affirm my intention to pursue certification in one of the following specialties.

ANESTHESIOLOGY

NEUROLOGY

NEUROSURGERY

ORTHOPEDIC SURGERY

PHYSICAL MEDICINE  
AND REHABILITATION

RADIOLOGY

## PROGRAM/SCHOOL INFORMATION

Program/School Name

Program/School Street Address

Program/School City/State/Province/Postal Code/Country

Expected Med School Graduation or Current Program Completion

If in Fellowship list Residency program and completion date

Current Residency or Fellowship Program Director

Current Residency or Fellowship Program Director Email

Current Residency or Fellowship Program Director Phone

Current Residency or Fellowship Program Coordinator

Current Residency or Fellowship Program Coordinator Email

Current Residency or Fellowship Program Coordinator Phone

## APPLICATION REQUIREMENTS Please indicate that you have attached all required verifying documents.

Curriculum Vitae   Program/School Acceptance Letter   For Fellows and Residents - documentation of certification, or verification of exam scheduling

## AUTHORIZATION

I hereby release from liability all representatives of the Spine Intervention Society in connection with evaluating my application, credentials, and qualifications. By signing this application I affirm that the provided information is true.

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

**PLEASE MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO:** Spine Intervention Society - Membership Department  
120 E. Ogden Ave. Ste. 202 | Hinsdale, Illinois 60521 | membership@SpineIntervention.org | fax 415.457.3495

**Spine Intervention Society**  
phone 630-203-2252 | U.S. toll free 888.255.0005 | SpineIntervention.org