



# AENS Membership Application

Please print legibly. AENS membership runs annually January through December.  
Thank you for your support.

HOW DID YOU HEAR ABOUT AENS?	
Please check one:	
<input type="checkbox"/> Convention	<input type="checkbox"/> Mailer
<input type="checkbox"/> Web	<input type="checkbox"/> Other

## Name, Address & Employment

ALL AENS communications are sent via e-mail. Member info will be listed on web & for public referral.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Degrees to appear with name: \_\_ MD \_\_ DPM \_\_ DO \_\_ PhD Other: \_\_\_\_\_  
 Current Employment:  Private Practice  University  Hospital  Retired  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Practice Website: \_\_\_\_\_ Practice Specialty: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell or Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email(s): \_\_\_\_\_

## Degrees, Certifications & Affiliate Association Memberships

Medical Degree: \_\_\_\_\_ University: \_\_\_\_\_ Year of graduation: \_\_\_\_\_  
 Residency Training: Program \_\_\_\_\_ Term: \_\_\_\_\_ Year of completion: \_\_\_\_\_  
 Areas of Specialization: \_\_\_\_\_  
 ABPS Certification Year: \_\_\_\_\_ Other Specialty Certifications held: \_\_\_\_\_  
 Name of Intensive Peripheral Nerve Course Completed:  Dellon Inst.  AENS  Other \*Date of Completion: \_\_\_\_\_  
 List Name of Institution Course, if "other": \_\_\_\_\_  
 APMA Member?  Yes (Member #: \_\_\_\_\_)  No AMA Member?  Yes  No  
 Other Affiliate Medical Association Memberships: \_\_\_\_\_

### For Students / Resident Members only:

Current University Medical Program Enrolled: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Current Residency Program & Term Enrolled: \_\_\_\_\_ Director Name: \_\_\_\_\_

## Membership Category

- Active Membership-Fellow Annual Dues \$425  
*\*For Fellow distinction, active members must complete additional Fellow criteria/application. Contact AENS for application.*
- Active Membership-Fellow Qualified Annual Dues \$395  
*\*Qualified status means you have completed an approved, intensive nerve course, but haven't met all criteria. See application.*
- Associate Membership Annual Dues \$295 \* Medical Degree Required/Non Voting
- Senior Membership Annual Dues \$95 \* Medical Degree, Fully Retired
- Student/Resident Membership Annual Dues \$25 \* Enrolled in medical program/Non Voting

\* AENS is an APMA Affiliate organization. DPMs are required to be current members of APMA for all member levels.

By joining AENS, you are giving permission to use information for our online directory and email correspondence. If you would like to opt out of ALL online communications, please contact info@aens.us.

Current Fellows: A certificate was sent to you when you became an AENS Fellow. The below order is for a duplicate certificate.

## AENS Duplicate Active Fellow 11"x14" Certificate:

Full Name as to appear on certificate: \_\_\_\_\_  
 Address to mail certificate UPS Ground: \_\_\_\_\_  
 \$35 Each (includes shipping) Quantity: \_\_\_\_\_

For ACTIVE FELLOWS only. These are formal unframed embossed certificates for hanging.

## Method of Payment

MEMBERSHIP DUES (see dues amounts above) \$ \_\_\_\_\_ AENS Certificate (Fellow Members Only) \$ \_\_\_\_\_  
 ENR Foundation Donation: (ENRF is a 501(c)3 foundation & proceeds go to research & missions) \$ \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_  
 Check (# \_\_\_\_\_) made payable to AENS  VISA  MasterCard  AMEX  
 Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_  
 Billing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return renewal form with payment to: **AENS, 201 Stillwater, Ste. 8, Wimberley, TX 78676.**  
 888.708.9575 | Fax: 888.394.1123 | Email: info@aens.us | www.aens.us