

Application for Membership

Complete form, including all items requested, and return **with your membership fee (US dollars)** to the address above. This includes a subscription to the *Journal of the Peripheral Nervous System (JPNS)*, the official journal of the PNS. **Please TYPE or PRINT.**

Membership Type:

<input type="checkbox"/> Member	\$185	
(Includes print and online subscription to JPNS)		
<input type="checkbox"/> Junior Member* : under 35 years old or trainee	\$ 85	
(Includes online subscription to JPNS)		
*Department / Supervisor Signature certifying junior status		
Optional Donation to Support PNS Educational Programs		
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other \$_____

Surname: _____

First Name: _____ Middle Initial: _____ Gender: _____

Degree(s): _____ Academic Rank/Appointment: _____

Institutional Affiliation: _____

Department: _____

Address: _____

City: _____ State: _____ Country: _____ Zip or Postal Code: _____

Daytime Phone: _____ Fax: _____
(Area Code) (Area Code)

E-Mail Address: _____

Requirements: Two Signatures of Current Members in Good Standing.

Signature of Member in Good Standing

Signature of Member in Good Standing

Typed Name of Member in Good Standing

Typed Name of Member in Good Standing

Method of Payment:

<input type="checkbox"/> Check (drawn on a US Bank ONLY): # _____	
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	Name of Cardholder (Please Type or Print) _____
	Expiration Date (mo/yr) _____
	Zip Code (US only) _____
_____ Card Number (Please Type or Print)	_____ Authorized Signature
	_____ Date