



North Carolina Neurological Society

PO Box 27167 • Raleigh, NC 27611 • Phone: (919) 833-3836 • Fax: (919) 833-2023 • ncneuro@ncmedsoc.org

Membership Application

Categories & Cost of Membership:

- Active** (*neurologist*): **\$50**
- Associate** (*physician or PhD in allied field*): **\$50**
- Junior** (*Resident or Fellow-in-Training*): **\$0**
- Emeritus** (*retired from active practice*): **\$0**
- Affiliate** (*non-physician health professional providing neurological patient care*): **\$35**

Full Name: _____

Date of Birth: _____

Medical School: _____ Year of Graduation: _____

Practice Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Cell Phone: _____

Email Address: _____

Specialty and/or interests: _____

Application Fee for New Members: \$50

Payment Options – Check or Credit Card (Visa & MasterCard Only)

Please check one: Check: _____ Visa: _____ MasterCard: _____

Credit Card Number: _____ Exp. Date: _____

3 Digit Security Code: _____ Name on Card: _____

Signature: _____

Remit Payment to: NCNS • PO Box 27167 • Raleigh, NC 27611-7167

Fax: (919) 833-2023 or Email: nlowe@ncmedsoc.org