



Application for Membership

Complete this form or join online at www.ncmedsoc.org/join (select "specialty societies" from the drop down menu)

Section I

Full Name: _____ Credentials: MD, DO, _____

Male Female Date of Birth: _____ Married? Yes Spouse's Name _____

Email: _____ Cell Phone: _____

Practice Name: _____ Fax Number: _____

Business Address (preferred mailing address? Yes): _____ City, State, Zip: _____ Business Telephone: _____

Home Address (preferred mailing address? Yes): _____ City, State, Zip: _____ Home Telephone: _____

Section II

Medical School: _____ Year of Completion: _____

Residency Program: _____ Year of Completion: _____

Fellowship Program _____ Year of Completion _____

North Carolina Medical License Number: _____

Subspecialty or Clinical Focus: _____

Is your practice limited to neurology? Yes No If no, additional practice area(s): _____

Section III

Membership Type, Application Fee & Annual Dues:
amounts below represent the 2019 Membership Dues and the one-time \$25 application fee.

\$125 Active (practicing neurologist) \$125 Associate (physician or PhD in allied field) \$60 Affiliate (non-physician allied health professional)

\$0 Junior (resident or fellow-in-training) \$0 Emeritus (retired from active clinical practice)

Payment Options: Check payable to NCNS MasterCard Visa AMEX

Card number: _____ Exp. Date: _____ CVV: _____

Applicant's Signature: _____ Date: _____

Please sign your completed form and return it with your payment by mail or fax to:
NCNS, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023

Dues to the North Carolina Neurological Society are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.