



Canadian Neurological Society – Société Canadienne de neurologie

Application for Membership

Last Name: _____ First Name: _____

1. Office/Hospital Address: _____

Tel: _____ Fax: _____

E-mail: _____

2. Home Address: _____

Tel: _____ Fax: _____

E-mail: _____

Please indicate:

Preferred Mailing Address: Address 1 Address 2

Preferred Email Address: Address 1 Address 2

**Membership in the Society
shall be limited to those interested in furthering the objects of the Society**

Supporting Signatures

We require the names and signatures of two Active CNS Society members in support of your application. If you are applying for Junior membership, we require the signature of either an Active CNS member or your Training Program Director.

1. Proposed by: _____
Please Print Signature

Date: _____

Active Member of CNS or Program Director

2. Proposed by: _____
Please Print Signature

Date: _____

Active Member of CNS

