



## CLINICAL ASSOCIATE MEMBERSHIP INFORMATION

*Thank you for your interest in the Society of NeuroInterventional Surgery (SNIS). We are pleased to provide you with the attached application, and the following information regarding the Society.*

### OBJECTIVES OF THE SOCIETY

The Society shall be a non-profit educational society of physicians and scientists interested in neurointerventional surgery; shall develop and support standards of post-graduate training and practice in neurointerventional surgery; shall work to stimulate interest and scientific research to advance the development of neurointerventional surgery; shall meet regularly to provide an exchange of scientific information, and to disseminate the newest concepts in the field of neurointerventional surgery; shall provide a forum for an exchange of ideas to define the further direction and role of neurointerventional surgery, and to provide representation to implement these goals.

### CLINICAL ASSOCIATE MEMBERSHIP REQUIREMENTS

- A non-physician member of the medical profession who has a special interest and competency in neurointerventional surgery, such as a physician assistant, nurse practitioner, radiologic technologist or paramedical professional;
- Professional reference and contact information; and
- Current CV detailing training and professional experience.

### CLINICAL ASSOCIATE MEMBERSHIP BENEFITS

- Access to the "Members Only" and "Amenities" Sections of the SNIS website, [snisonline.org](http://snisonline.org);
- Internet-only subscription to the *Journal of NeuroInterventional Surgery*, the official journal of SNIS, as well as all supplements to JNIS;
- Access to SNIS Connect, the members-only online forum;
- A subscription to *The Embolus*, the official newsletter of SNIS;
- Reduced registration fees to SNIS-sponsored meetings and conferences;
- Networking opportunities with fellow experts in this expanding medical specialty;
- A subscription to *Suite Talk*, the official electronic newsletter of SNIS;
- Discounts on SNIS products.

**Dues for Clinical Associate membership are currently \$50.00 a year.**

### CLINICAL ASSOCIATE MEMBERSHIP DOCUMENTATION REQUIRED

- Completed application
- Current CV detailing training and professional experience
- Professional reference and contact information

### PLEASE RETURN ALL DOCUMENTS TO:

SNIS Membership Chairman  
12587 Fair Lakes Circle, Suite 353  
Fairfax, VA 22033

If you have any questions, please call SNIS Headquarter at (703-691-2272) or Email [info@snisonline.org](mailto:info@snisonline.org).

**PLEASE NOTE:** All of the documents must be submitted for the application to be processed.



# APPLICATION FOR CLINICAL ASSOCIATE MEMBERSHIP

Please type or print legibly

Please refer to the *Clinical Associate Membership Information* sheet accompanying this application for full details.

Name \_\_\_\_\_  
First Middle Last Degree

## ADDRESS INFORMATION —List both home and office addresses, and check your preferred mailing address.

I prefer that correspondence is sent to my:  Home  Office

### HOME

Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### OFFICE

Applicant's Title \_\_\_\_\_  
Institution/Affiliation \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## SPONSOR

Name of Sponsor \_\_\_\_\_ Institution \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## PLEASE INDICATE YOUR PROFESSION

- Nurse Practitioner (NP)     Physician Assistant (PA)     Radiologic Technologists (RT)     Radiology Practitioner Assistant (RPA)
- Registered Nurse (RN)     Other \_\_\_\_\_

## MEDICAL OR GRADUATE EDUCATION

Institution \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

I agree to abide by the Bylaws of the SNIS and any revisions thereof:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_