



North Carolina Neurological Society
PO Box 27167 | Raleigh, NC 27611 | Tel: 919-833-3836
Fax: 919-833-2023 | ncneuro@ncmedsoc.org

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: _____ Date of birth: _____
Medical School: _____ Year of Graduation: _____
Practice Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Business Telephone: _____ Fax: _____
Cellular: _____ Email: _____
Specialty or Interest: _____
Are you married? Yes No If yes, spouse's name: _____

Section II

Membership Type & Annual Dues: *please note that there is also a \$50 application fee that is due at the time of application for membership.*

\$75 Active (practicing neurologist) \$75 Associate (physician or PhD in allied field) \$35 Affiliate (non-physician allied health professional)
 \$0 Junior (resident or fellow-in-training) \$0 Emeritus (retired from active practice)

Section III

Check MasterCard Visa

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

"I authorize the verification of the information provided on this form and declare that all information on this form is accurate and truthful."

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.