

Southern Neurosurgical Society

INCORPORATED



Application for Membership

Membership Chairman:

Kristen Riley, MD

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510 20th St. South

FOT 1050

Birmingham, AL 35294

Office: (205) 996-2461 Fax: (205) 996-2562

Membership Category

- Active (Board Certified)
- Candidate (Board Eligible or Resident)
- Associate (Non Neurosurgeon Physician)
- International
- Allied (PA, NP, Nurse, Administrator)

Full Name: _____ **Credentials:** _____

Office Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Phone: (____) _____

Office Fax: (____) _____

Email Address: _____

Spouse Name: _____

Medical School: _____ **Year Graduated:** _____

Residency: _____ **Year Graduated:** _____

If current resident, expected date of completion _____

ABNS Certification: Yes Date: _____ No

Southern Neurosurgical Society Sponsor: _____

"I certify that I hold an unrestricted license to practice medicine in a State, District or Commonwealth in the Southern Zone of the United States."

*There is no application fee. Annual dues are required by all members except for residents. Submit completed application to the Chairman of the Membership committee at the above address, fax or email. **You must include a copy of your CV and contact your sponsor to forward a letter of recommendation.***

