

# Southern Neurosurgical Society

INCORPORATED



## Application for Membership

### Membership Chairman

**Todd W. Vitaz, MD**

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Department of Clinical Neurosciences

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Office Phone: 616-267-7900 - Office Fax: 616-267-7901

### Membership Category

- Active (Board Certified)
- Candidate (Board Eligible or Resident)
- Associate (Non Neurosurgeon Physician)
- 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:** \_\_\_\_\_

**ABNS Certification:**  Yes Date: \_\_\_\_\_  No

**Southern Neurosurgical Society Sponsor:** \_\_\_\_\_

*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.*