

The Eastern Neuroradiological Society

800 Enterprise Drive, Suite 205, Oak Brook, IL 60523-4216

Phone: 630-574-0220 ext. 234 ♦ FAX: 630-574-0661

E-mail: kkulpaka@asnr.org ♦ Website: www.enrs.org



Membership Information

Members of ASNR or any of the specialty societies it manages *only* need to complete the application, and provide prorated dues and the application fee. Applicants for *Senior* status must include a copy of their Radiology Board or Subspecialty Certification (formerly CAQ) certificate.

• Categories and Qualifications

Senior Member ... **A)** Shall be strongly interested and actively engaged in the practice of Neuroradiology. He/she must reside and work within the defined geographic limits of the Society; **B)** Shall be a radiologist certified by the American Board of Radiology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic College of Radiology, or other board or tribunal which, in the judgment of the Executive Committee, is of equivalent rank.

Associate Member ... shall be an individual with expertise in neuroradiology, residing and working within the defined geographic limits of the Society, who has an acknowledged interest in neuroradiology.

Corresponding Member ... shall meet all of the qualifications for *Senior* membership, but reside and practice outside of the geographic limits of the Society.

Member-in-Training ... shall be a physician in an ACGME or RCPSG accredited Neuroradiology fellowship program.

ENRS Geographic Boundaries: This Society's membership shall live and/or work within the geographical limits of the following states: *Connecticut, Delaware, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, the District of Columbia,* and the provinces of *New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, and Quebec.*

• Application Procedure ...

Current members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR must:

1. Complete the areas noted on the application
2. Include membership dues (which include the application fees)
3. Submit a copy of Radiology Board or Subspecialty Certification (formerly CAQ) certificate, if applying for *Senior* status

Applicants who are not ASNR, ASFNR, ASHNR, ASPNR, or ASSR members must provide the following:

1. Completed Application
2. Sponsor name and signature from one ENRS *Senior* member in good standing who is familiar with and can substantiate the qualifications of the applicant
3. Current Curriculum Vitae
4. Copy of Radiology Board Certificate or Subspecialty Certification (formerly CAQ) certificate (**applicants for *Senior* status only**)
5. Membership dues, which include the application fee (**all applicants**)

(continued)

- **Membership Dues and Application Fees**

| Category | Annual Dues |
|---------------------------|--|
| <i>Senior</i> | \$125 + \$25 application fee |
| <i>Associate</i> | \$125 + \$25 application fee |
| <i>Corresponding</i> | \$125 + \$25 application fee |
| <i>Member-in-Training</i> | \$0 during fellowship (2-year maximum) |

- **Rights and Benefits of Membership**

Senior, Associate, and Corresponding members receive a membership certificate. All members receive mailings from the Society, and may attend the scientific meetings and other functions of the Society at a reduced registration fee. **Senior** members in good standing shall be entitled to vote, to hold elected and appointed office, and to propose candidates for membership.

- **Deadline for Membership Applications**

Applicants will be accepted as members once the application has been processed.

To register for the ENRS Annual Meeting at the reduced member rate, a completed application and required documents must be received at least 6 weeks prior to the start of the Annual Meeting. Check our website for the meeting date, and additional information (www.enrs.org).

If you should have any questions, please contact **Kristine Kulpaka, Membership Coordinator**, at the Society's Headquarters Office (Phone: 630-574-0220 ext. 234, FAX: 630-574-0661, E-mail: kkulpaka@asnr.org). We look forward to receiving your application.

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MEMBERSHIP APPLICATION

To register for the ENRS Annual Meeting at the reduced member rate, a completed application and required documents must be received at least 6 weeks prior to the start of the Annual Meeting. Check our website for the meeting date, and additional information (www.enrs.org).

Please read the following information carefully before completing this application.

Current member of ASNR or any of the following ASNR-managed specialty societies ... indicate your membership in the following society(ies) with an "X", check the appropriate membership category, and follow the directions:

___ ASNR ___ ASFNR ___ ASHNR ___ ASPNR ___ ASSR

- Senior** ... complete **Numbers 1, 3 and 6** (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ), and include dues.
- Associate** ... complete **Numbers 1 and 6**, and include dues.
- Corresponding** ... complete **Numbers 1, 3, and 6**, and include dues
- Member-in-Training** ... complete **Numbers 1 and 6**.

OR

Not a member of ASNR or any of the listed ASNR-managed specialty societies (above) ... check the appropriate membership category, and follow the directions:

- Senior** ... complete **Numbers 1 through 6**, (provide a copy of your Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ), and include dues.
- Associate** ... complete **Numbers 1, 5, 6, and applicable sections in between**, and include dues.
- Corresponding** ... complete **Numbers 1, 3, 6 and applicable sections in between**, and include dues.
- Member-in-Training** ... complete **Numbers 1, 2, 4, 5 (Program Director should serve as the sponsor), and 6**.

(Please print legibly or type)

1. **Name:** _____
(First Name, Middle Initial, Last Name, Degree)

List *both* home and office addresses:

| | |
|-------------------|--------------------------|
| Home _____ | Institution _____ |
| City _____ | Department _____ |
| State/Zip _____ | Address _____ |
| Phone () _____ | City _____ |
| E-Mail _____ | State/Zip _____ |
| | Phone () _____ |
| | FAX () _____ |

(E-mail is required – print legibly)

Present position e.g., staff neuroradiologist/head and neck radiologist, private practice neuroradiologist/head and neck radiologist, other): _____

2. **Residency training in Diagnostic Radiology/Radiology:** Started ___/___/___ Completed ___/___/___
Institution _____
Residency Program Director's Name _____

(continued)

3. Certification by American Board of Radiology (ABR) or its equivalent (*Senior* applicants include a copy):

Board _____ Date _____

4. Neuroradiology/Head and Neck training: From: ___/___/___ to ___/___/___

Institution _____

Training Director's Name _____

5. Name and signature of ENRS *Senior* member Sponsor (not required for members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR):

Print Sponsor's Name _____

Sponsor's Signature _____

6. All applicants must sign the application, and provide membership dues, as indicated.

Applicant's Signature: _____ Date: _____

Category

Senior

Associate

Corresponding

Annual Dues

\$125 + \$25 application fee

\$125 + \$25 application fee

\$125 + \$25 application fee

Important!!

Applicants must include a completed application and dues, including the application fee.

Applicants who are not members of ASNR, ASFNR, ASHNR, ASPNR, or ASSR must include all of the following:

- ◆ Completed Application
- ◆ Sponsor name and signature from one ENRS *Senior* member in good standing
- ◆ Current Curriculum Vitae
- ◆ Copy of Radiology Board or Subspecialty Certification in Neuroradiology certificate (formerly the CAQ) (**applicants for *Senior* status only**)
- ◆ Membership dues and application fee (non-U.S. residents must use the *Credit Card Authorization Form*)



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Credit Card Authorization Form

Please print all information below, and submit this form with your membership application. U.S. applicants may elect to pay by either check (made payable to the ENRS) or credit card, using this form. **All non-U.S. applicants are required to pay their membership dues and application fee by credit card using this form.** Payment must accompany the application.

Please legibly print or type the information below:

Applicant's Name: _____
Name of Institution/Affiliation: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country (if other than U.S.): _____

Billing address, if different from above: Check one Home Institution Business Office

Name of Institution/Affiliation: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country (if other than U.S.): _____

| Category | Annual Dues |
|---------------------------|--|
| <i>Senior</i> | \$125 + \$25 application fee |
| <i>Associate</i> | \$125 + \$25 application fee |
| <i>Corresponding</i> | \$125 + \$25 application fee |
| <i>Member-in-Training</i> | \$0 during fellowship (2-year maximum) |

Credit Card (check one): _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

If paying by credit card, this form must be included with your membership application.