



THE WESTERN NEUROSURGICAL SOCIETY

APPLICATION FOR MEMBERSHIP

NAME _____

OFFICE ADDRESS _____

OFFICE PHONE _____ FAX _____

HOME ADDRESS _____

HOME PHONE _____ FAX _____

E-MAIL _____

PLACE AND DATE OF BIRTH _____

SPOUSE'S NAME _____ email _____

TYPE OF MEMBERSHIP _____

(Active, Corresponding, Honorary, Associate)

BOARD CERTIFICATION (board and date) _____

CURRICULUM VITAE: Send as pdf or Word document to Dr. Adair Prall at Ap1964@comcast.net

PICTURE: Send head and shoulders picture as jpeg file to Dr. Prall

Proposer: _____

Sponsor #1 _____

Sponsor #2 _____

(One of the above should be from your locale—membership list by location on Website-westnsurg.org)

SIGNATURE _____

Date _____

Please save this completed application to your computer and send as attachment to Dr.Prall.