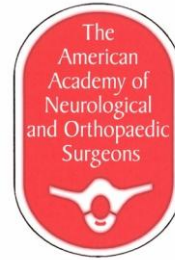


American Academy
of
Neurological and Orthopaedic Surgeons
1516 N. Lake Shore Drive
Chicago, Illinois 60610 U.S.A.
Phone: 312-787-1608
Fax: 312-787-9289
Email: aanos1977@gmail.com
Website: www.aanos.org



**APPLICATION FOR
FELLOW OF THE A.A.N.O.S. DESIGNATION**

PERSONAL INFORMATION (Please Print Clearly)

NAME: _____ DEGREE: _____
(First) (Middle) (Last)

ADDRESS: _____
(Address) (City) (State) (Zip)

OFFICE PHONE: _____ CELL PHONE: _____ EMAIL: _____

BOARD CERTIFICATION SPECIALTY: _____ AFMA BOARD? _____

PLEASE ATTEST THAT THE FOLLOWING STATEMENTS ARE TRUE BY INITIALING EACH.
(Your information will be verified)

- My current year dues are paid and I have been an active member for at least five years
- I have attended an annual scientific meeting at least once in the past three years
- My board certification is active and current (if a non-AFMA Board please provide verification)
- My application fee is included in the amount of **\$100** (may be paid with a credit card by completing the fields below)

If paying by credit card please complete the following information.

Individual's name on card _____	Circle payment method: Visa MasterCard AMEX
Card Number _____ / _____ / _____ / _____	Expiration Date _____ / _____
Amount authorized \$ <u>100.00</u>	Cardholder Signature _____

I hereby certify that the aforementioned statements are to the best of my knowledge all true. I also understand that any intentional misrepresentations will render my application null and void. Please sign and date your application

(Signature)

(Date)