



APPLICATION FOR FELLOW MEMBERSHIP

REQUIREMENTS

1. **Active membership** status in the Academy for **seven** consecutive years or more.
2. **Attendance at five** annual meetings after becoming an Active member.
3. **Sponsorship by two Academy Fellows** who will provide letters of nomination on their organization's letterhead. The letters may be included with the application or sent directly to the AAN at the address listed below.
4. **A curriculum vitae** – Must include documentation of at least one of the requirements for Item 5. Please mark CV with the criteria lettering from Item 5 (Example: 5a, 5b, etc.)
5. **Demonstrated achievement in the neurosciences.** This requirement may be satisfied by providing documentation of any of the following:
 - a. Academic accomplishment – holding a teaching appointment generally of Associate Professor or comparable status with evidence of significant contribution to the medical literature. Both publication of papers and presentations at national meetings will be considered.
 - b. Service as a member of an Academy committee, executive officer of a section or other official AAN body.
 - c. Service as an officer in a state, regional, national or international neurological society.
 - d. Consistent, documented and significant community service in the area of clinical neurology.
 - e. Other unusual accomplishments, as determined by the discretion of the Board of Directors of the Academy upon recommendation by the Membership Committee.

MAIL TO:

Member Services - American Academy of Neurology 1080 Montreal Avenue St. Paul, MN 55116-2311
(651) 695-1940 Toll-Free 1-800-879-1960 FAX: (651) 361-4800



Application for Fellow Membership

PLEASE COMPLETE THE FOLLOWING IN FULL:

1. NAME: _____ MEMBER #: _____

ADDRESS: _____

E-MAIL _____

2. Year of Join Date: _____ Year of Active Membership (Board Certified): _____

3. PLEASE CHECK ANNUAL MEETINGS ATTENDED:

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> 2008 Chicago | <input type="checkbox"/> 2004 San Fran | <input type="checkbox"/> 2000 San Diego | <input type="checkbox"/> 1996 San Fran | <input type="checkbox"/> 1992 San Diego |
| <input type="checkbox"/> 2007 Boston | <input type="checkbox"/> 2003 Hawaii | <input type="checkbox"/> 1999 Toronto | <input type="checkbox"/> 1995 Seattle | <input type="checkbox"/> 1991 Boston |
| <input type="checkbox"/> 2006 San Diego | <input type="checkbox"/> 2002 Denver | <input type="checkbox"/> 1998 Minneapolis | <input type="checkbox"/> 1994 Wash D.C. | <input type="checkbox"/> 1990 Miami Beach |
| <input type="checkbox"/> 2005 Miami Beach | <input type="checkbox"/> 2001 Philadelphia | <input type="checkbox"/> 1997 Boston | <input type="checkbox"/> 1993 New York | <input type="checkbox"/> Other |

4. **A curriculum vitae** – Must include documentation of at least one of the requirements Demonstrated achievement in the neurosciences.

5. **Please mark CV with the criteria lettering.** This requirement may be satisfied by providing documentation of any of the following (*please mark the checkbox indicating to the committee the criteria which best demonstrates your achievements*):

- a. Academic accomplishment – holding a teaching appointment generally of Associate Professor or comparable status with evidence of significant contribution to the medical literature. Both publication of papers and presentations at national meetings will be considered.
- b. Service as a member of an Academy committee, executive officer of a section or other official AAN body.
- c. Service as an officer in a state, regional, national or international neurological society.
- d. Consistent, documented and significant community service in the area of clinical neurology.
- e. Other unusual accomplishments, as determined by the discretion of the Board of Directors of the Academy upon recommendation by the Membership Committee.

I certify that to the best of my knowledge the above information is true.

(Signature)

Mo./Day/Year

FOR OFFICE USE ONLY

Yrs Since Active: ___# of AM Since Active: _____ CV Included: Yes/No #5 Documented: Yes/ No

Nominator #1: _____ ID# _____ Member Type: _____

Nominator #2: _____ ID# _____ Member Type: _____

Membership Committee Status: _____ BOD Status: _____ Date Approved: _____

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