



Commonwealth Neurological Society

2011 Membership Application

Full Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Email: _____

I am applying for the following membership category:

- Active Member - \$100 - Neurologists who are licensed or eligible for licensure
- Affiliate Member - \$50- licensed health care providers associated with the practice of neurology
- Junior Member – no charge - Residents, Fellows, medical student

Please remit application by January 31, 2011 to:

Attn. Dominic Fee, MD
Secretary/Treasurer
Commonwealth Neurological Society
740 S. Limestone
Kentucky Clinic (Wing D) L445
Lexington, KY 40536-0284

If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the By-Laws of the Commonwealth Neurological Society.

I hereby release, and hold harmless from any liability or loss, the Commonwealth Neurological Society, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

Signature

Date

Print Name

