

ASIAN CONGRESS OF NEUROLOGICAL SURGEONS



DEDICATED TO NEUROSURGICAL EDUCATION

MEMBERSHIP APPLICATION

The Asian Congress of Neurological Surgeons promotes the public welfare through the advancement of neurosurgery by commitment to excellence in education and by dedication to research and scientific knowledge. The Asian Congress of Neurological Surgeons maintains the vitality of our learned profession through the altruistic volunteer efforts of its members and the development of leadership in service to the public, to our colleagues in other disciplines, and to the special needs of our fellow neurosurgeons throughout the Asia and at every stage of their professional lives.

And we'd love for you to join us. Some of the advantages of Membership in Asian Congress of Neurological Surgeons includes:

- (1) Opportunity to participate in the Annual meeting and / or the subspecialty meetings by the Congress
- (2) Opportunity to participate in the organization and functioning of the Congress through membership on the various committees of the Congress
- (3) Reduced registration fee for the Annual Meeting
- (4) Reduced prices on other Congress publications and courses

Instructions for Completing the Application for Membership in the Asian Congress of Neurological Surgeons

1. Please note that to be a Member of the Asian Congress of Neurological Surgeons, you must:
 - a. Reside and practice neurosurgery inside Asia, and
 - b. Be a member of your local or regional neurosurgical society
2. Please type or print clearly in English
3. Please complete all items on application.
4. Ask your three sponsors to send letters of recommendation directly to the Asian CNS office.
5. Checklist for the application:

_____ Application form completed and signed.

_____ Photograph enclosed.

_____ Curriculum vitae enclosed.

_____ Three sponsoring neurosurgeons to send letters to the Asian CNS office.

Tetsuo KANNO, M.D.

Founding President, ACNS

Yoko KATO, M.D.

President, ACNS

6. Types of membership and payment (the membership year begins in January)

- a. Associate member
 - i. Neurosurgery Resident, Medical Students, Paramedics: No annual payment needed
 - ii. Young Neurosurgeon (YNS) Member (45 years old or below on 1st January) and Non-Neurosurgeon: USD 50 for every two years
- b. Ordinary member (Neurosurgeons): USD 100 for every two years
- c. Life Member (Neurosurgeons): USD 1,000

We look forward to your active participation in the Asian Congress of Neurological Surgeons.

Payment: Name of Bank: Mitsui Sumitomo Bank

Name of Branch: Nagoya Ekimae Branch

Account Name: ACNS Jimukyoku Daihyo Kato Yoko

Account Number: 7016395

SWIFT Code: SMBCJPJT

Ordinary Deposit

Branch Address: 1-2-5, Meieki, Nakamura ward, Nagoya city, Aichi, 450-0002, Japan

Address: 3-6-10, Otobashi, Nakagawa-ward, Nagoya city, Aichi 454-0012, Japan

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The Asian Congress of Neurological Surgeons

MEMBERSHIP APPLICATION FORM

If you are interested in Membership, please complete this form, and mail to the address below.

BIOGRAPHICAL:

1. Name: Last _____ First _____ Middle _____
2. Place of birth _____ Date of Birth _____
3. Citizenship / Nationality _____ Spouse _____
4. Addresses
Office _____

- Home _____

- Phone _____ Fax: _____
- E-Mail _____

TRAINING

1. Medical School _____ Date of Graduation _____
2. Primary Neurosurgical Training: _____
From _____ To _____
Program Director or Chief of Service: _____
3. Other Training (e.g.Fellowship) _____
From _____ To _____
Program Director or Chief of Service: _____
Your Position _____

MEMBERSHIP, CERTIFICATION, AND PRACTICE

1. Do you limit you practice to Neurosurgery? Yes _____ No _____
2. If you are certified by Neurosurgery Examination Organization:
Name of Organization _____
Address _____

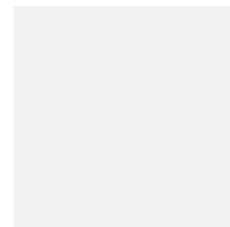
3. Local or regional Neurosurgical Society Membership (required):
Name of Society _____ Date of Membership _____
4. Other Neurosurgical Society Membership

5. Current Hospital Appointments
Name of Hospital _____ Address _____

6. Academic Positions You Hold (if any):
Name of Institution _____ Appointment(Title) _____

7. Please attach curriculum vitae(CV)
8. Signature _____
Date _____

Profile photo



9. Mail to:

Yoko Kato, M.D.,Ph.D.
Professor and Chair
Department of Neurosurgery
Fujita Health University,
Bantane Hospital3-6-10, Ootobashi,
Nakagawa ward, Nagoya city,
Aichi, 454-0012,Japan
Fax:+81-52-323-5800
Email: acnsmembership@gmail.com

signature:

Name:

Date: