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Application for Membership/Membership Renewal Form

First Name: _____ Last Name: _____ Designation(s): _____

Company/Institution: _____

Department: _____ Academic Rank/Appointment: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

How did you hear about PNS? _____

Membership Type: _____

Member Type	U.S. & Non Group A/B	Group A Countries	Group B Countries
Member	\$185	\$100	\$30
Junior Member (Under Age 40)	\$85	\$40	\$15

Please Check All that Apply:

- Physician
 Researcher
 Physician Assistant
 Industry Professional
 Resident
 Student
 Fellow
 Healthcare Professional
 Other: _____

Payment Information

Optional PNS Donation: \$50, other amount \$ _____

Total Amount Due: _____

Payment Type: Visa
 MasterCard
 American Express
 Check No.

Credit Card #: _____ Exp: _____ CVV: _____

Signature _____

Name (clearly written): _____