



5841 Cedar Lake Road, Suite 204 | Minneapolis, MN 55416
952-545-6284 | Fax 952-545-6073 | info@PNSociety.com
www.PNSociety.com

Application for Membership/Renewal Form

Contact Information

First Name: _____ Last Name: _____

Institution/Company: _____ Department: _____

Address: _____

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

Phone: _____ Email: _____

How did you hear about the PNS? _____

Additional Information

Communication Consent

We process the information you provide for the legitimate interest of communicating with you regarding your PNS membership and to provide you with: access to top-quality education and science conferences, programs and publications, tools for practice management and patient education (including clinical practice guidelines), and other member benefits. Please read our [Privacy Policy](#) for more information. As a PNS member, the PNS will send you emails regarding your PNS membership and related participation in, or purchase of, a PNS meeting, program, or product, unless you change your communication preferences.

Would you like us to use your data on file so that we may communicate all PNS activities? Please note: if you indicate no, you will not receive any communication from the organization.

- Yes
- No

- | | | |
|--|--|--|
| Credential(s):
<input type="checkbox"/> MD
<input type="checkbox"/> PhD
<input type="checkbox"/> MSc
<input type="checkbox"/> Other, please specify below | Profession(s):
<input type="checkbox"/> Physician
<input type="checkbox"/> Physician working in Pharma
<input type="checkbox"/> Resident
<input type="checkbox"/> Scientist
<input type="checkbox"/> Research fellow
<input type="checkbox"/> Student
<input type="checkbox"/> Other, please specify below | Specialty(s):
<input type="checkbox"/> Anesthesia
<input type="checkbox"/> Medicine
<input type="checkbox"/> Neurology
<input type="checkbox"/> Neurosurgery
<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Pain medicine
<input type="checkbox"/> Neurophysiology
<input type="checkbox"/> Other, please specify below |
|--|--|--|

If other credential/profession/specialty, please list: _____



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What other areas are you interested in?

- | | |
|--|---|
| <input type="checkbox"/> Inherited neuropathy | <input type="checkbox"/> Infection-related neuropathy |
| <input type="checkbox"/> Inflammatory neuropathy | <input type="checkbox"/> Clinical trials |
| <input type="checkbox"/> Diabetic neuropathy | <input type="checkbox"/> Outcome measurements |
| <input type="checkbox"/> Toxic neuropathy | <input type="checkbox"/> Disease mechanisms |
| <input type="checkbox"/> Paraproteinaemic neuropathy | <input type="checkbox"/> Guideline development |
| <input type="checkbox"/> Vasculitis neuropathy | <input type="checkbox"/> Education |
| <input type="checkbox"/> Small fiber neuropathy | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Painful neuropathy/mechanisms of pain | |

Do you wish to join any Special Interest Groups (SIGs) of the PNS?

- Charcot-Marie-Tooth and Related Neuropathies Consortium (CMTR)
- Inflammatory Neuropathy Consortium (INC)
- International Diabetes Neuropathy Consortium (IDNC)
- Neuropathic Pain Consortium (NPC)
- Toxic Neuropathy Consortium (TNC)
- I do not wish to join a SIG at this time.

Payment Information

PNS Voting Members		
Member Type	Annual Membership Dues	Low & Middle Income Economies <small>(GNI per capita of \$12,535 or less)</small>
Active Members Those with an academic or clinical position of three years or more.	\$185	\$30
Junior Members Those that have held an academic or clinical position for three years or less. This membership tier also includes residents, fellows, trainees, and students.	\$85	\$5

Payment Information Continued...



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PNS Non-Voting Members	
Member Type	Annual Membership Dues
Industry Members All members of industry.	\$370
Patient Advocacy Group Members All Patient Advocacy Group employees. Please email info@PNSociety.com for your gratis discount code which you may apply to the membership rate when joining online.	FREE
Senior Members Those who have retired. Please email info@PNSociety.com to request a change in membership status	FREE

Membership Type: _____

Total Amount Due: _____

Payment Type: Visa MasterCard American Express Check No.

Credit Card #: _____ **Exp:** _____ **CVV:** _____

Signature _____

Cardholder Name (clearly written): _____

Billing Address: _____ **Billing Zip:** _____

**Billing address and billing zip code must be associated with the credit card used.*