

# 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.*

## I. 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 \_\_\_\_\_  
\_\_\_\_\_

## II. TRAINING

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

## III. MEMBERSHIP, CERTIFICATION, AND PRACTICE

1. Do you limit your practice to Neurosurgery? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you are certified by a Neurosurgery Examining Organization:  
Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

3. Local or Regional Neurosurgical Society Membership (required):  
Name of Society \_\_\_\_\_ Date of Membership \_\_\_\_\_  
\_\_\_\_\_

4. Other Neurosurgical Society Memberships  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

9. Date \_\_\_\_\_

Mail to: Yoko KATO, M.D.

Professor

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1-98 Dengakugakubo Kutsukake-cho

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E-mail: neuron1@fujita-hu.ac.jp

*Please sign, date,  
and staple  
a recent  
photograph here.*

# 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 include:

- (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.

Tetsuo KANNO, M.D.  
Founding President, ACNS  
Yoko KATO, M.D.  
President, ACNS

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.

We look forward to your active participation in the *Asian Congress of neurological surgeons*.

*Application on Back...*