

World Society of Stereotactic and Functional Neurosurgery

Membership Application

Name: _____

Office Address: _____

Phone: _____

Fax: _____

E-mail: _____

Residency Training : _____ Years: _____

Medical School: _____

AANS Member: Yes / No

CNS Member: Yes / No

Member of other Stereotactic Society: _____

Interests in Stereotactic and Functional Neurosurgery: (please circle)

Movement disorders

Pain

Tumors

Imaging

Epilepsy

Computers

Radiosurgery

Basic Science

Annual membership dues for full members are \$325.00 US per year, which includes:

- membership in the Joint Section on Stereotactic and Functional Neurosurgery
- membership in the American Society for Stereotactic and Functional Neurosurgery
- membership in the World Society for Stereotactic and Functional Neurosurgery
- a subscription (including shipping) to the journal, Stereotactic and Functional Neurosurgery
- reduced meeting fees

Annual membership dues for resident members are a \$25.00 US one time fee, which includes: all of the above except a subscription to the journal, Stereotactic and Functional Neurosurgery.

Please attach your current curriculum vitae and mail to:

Takaomi Taira, MD, PhD

Secretary/Treasurer

World Society for Stereotactic and Functional Neurosurgery

Department of Neurosurgery

Tokyo Women's Medical University

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