

**WESTERN CLINICAL NEUROPHYSIOLOGY SOCIETY  
APPLICATION FOR MEMBERSHIP**

Name \_\_\_\_\_

OFFICE ADDRESS (ADDRESS TO SEND MAILINGS)

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Membership dues are \$50/year**

**May include CV for the following:**

EDUCATION AND TRAINING (include degrees)

EXPERIENCE IN CLINICAL NEUROPHYSIOLOGY

PREVIOUS APPOINTMENTS HELD

PRESENT APPOINTMENTS

PUBLICATIONS IN NEUROPHYSIOLOGY (IF ANY)

SPECIFIC INTEREST IN CLINICAL NEUROPHYSIOLOGY

FUTURE PLANS IN CLINICAL NEUROPHYSIOLOGY

INTERESTS IN RELATED FIELDS

NAME OF ONE WCNS OR ACNS MEMBER AS REFERENCE (Please have the letter of recommendation sent to office or accompany this completed application)

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL COMPLETED FORM AND LETTER OF RECOMMENDATION TO:

Karen Krentler, R. EEG/EP T.  
WCNS Executive Office  
3110 Summertime Lane  
Culver City, CA 90230  
Phone/Fax: (310) 559-3891  
Email: info@westerncns.org