



MASSACHUSETTS NEUROLOGIC ASSOCIATION MEMBERSHIP APPLICATION

MNA is a non-profit association to advance the science and practice of neurology in the Commonwealth of Massachusetts.

Name: _____ Date of Birth: _____

Preferred Address: *(Please check one)* Business Address Home Address

Business Address: _____ Home Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Education and Training

Medical School: _____ Medical Degree: _____ Year: _____

Residency: _____ Start/Completion Dates: _____

Fellowship: _____ Start/Completion Dates: _____

Certification or eligibility date to American Board of Psychiatry and Neurology: _____

Subspecialty: _____

MA License Number: _____ Effective Date: _____

Additional Information

Type of Practice Solo Group Private Academic Other _____

Hospital Appointments: _____

Academic Appointments: _____

Are you a member of the American Academy of Neurology? Yes No

Are you a member of the Massachusetts Medical Society? Yes No

Category of Membership *(Please check one)*

Active \$100.00/year Active members shall be physicians licensed to practice medicine in the Commonwealth of Massachusetts, and who have satisfactorily completed an accredited training program in neurology or who, as of the date of adoption of the Constitution of the MNA (1978), have been eligible for examination in Neurology or Child Neurology by the ABPN.

Senior Free Senior members shall be former Active members who have retired from active practice and have applied for transfer to Senior membership.

Junior Free Junior members shall be physicians licensed to practice medicine in the Commonwealth of Massachusetts and who are currently in training in a program accredited in Neurology or Child Neurology by the ABPN.

Check Total: _____ Check # _____ Date: _____

To join online with a credit card, please visit www.massneuro.org.

Please mail completed application with applicable payment made payable to MNA to:

Massachusetts Neurologic Association

PO Box 549132, Waltham MA 02454

Phone: (781) 434-7314 | Fax: (781) 464-4896 | Email: mna@mms.org