



Congress of Neurological Surgeons

INTERNATIONAL MEMBERSHIP APPLICATION

The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.

BENEFITS:

- Complimentary subscription to [Neurosurgery](#), [Operative Neurosurgery](#), [Congress Quarterly](#), and [Clinical Neurosurgery](#)
- Complimentary access to [The Surgeon's Armamentarium](#), an advanced digital search platform that provides customized search results from the archives of the *NEUROSURGERY*® Publications
- Discounts on our online [SANS Lifelong Learning](#) self-assessment tools, including: SANS: Indications, SANS: General, SANS: Specialty Module Bundle, SANS: Written Board Modules, and more
- Access to our [Online Education Catalog](#) with more than 100 online courses and discounted webinars for members, in addition to more than 100 annual meeting recorded sessions
- The free [CNS Guidelines App](#), with immediate, point-of-care access to guideline recommendations and topic overviews, along with links to full text, for all CNS-produced evidence-based clinical practice guidelines
- Access to the [Neurosurgery Survival Guide \(NSG\) App](#), a trusted quick reference guide that encompasses the massive breadth of knowledge and information needed when caring for neurosurgery patients
- Complimentary access to [Nexus](#), the CNS' comprehensive, case-based repository of neurosurgical operative techniques and approaches
- Exclusive member rates at the [CNS Annual Meeting](#)—and all live courses
- Volunteer leadership opportunities through an extensive array of [committees](#)
- Online management of [CME credit](#), member account, and meeting participation

REQUIREMENTS:

Please note that to be eligible as a CNS International Member, you must:

1. Reside and practice neurosurgery outside North America (the United States, its territories, Canada and Mexico).
2. Submit a certificate of membership or a letter from your local or regional medical society verifying your membership.
3. Submit a copy of your curriculum vitae (CV).

To apply online and learn about CNS Member Benefits, visit: <https://www.cns.org/membership/international-membership>



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DUES:

The annual dues for CNS International Membership are priced according to World Bank economy tiers:

- ❖ Higher Income Countries: \$350 (U.S. currency), or \$550 with print journal benefit*
- ❖ Lower Income Countries: \$100 (U.S. currency), or \$300 with print journal benefit*

***All International members receive complimentary online journal access**

After your application has been reviewed and approved by the Membership Committee, a dues invoice will be sent to you. A one-time processing fee of \$25 (U.S. currency) will be added to your first dues invoice. Please do not remit any money at this time.

Please type or print clearly in English and complete all items on the application, then return to:

Congress of Neurological Surgeons
Attn: Member Services
10 N. Martingale Road
Suite 190
Schaumburg, IL 60173 USA

OR

E-mail: membership@cns.org
Phone: 001 847 240 2500
Fax: 001 847 240 0804

Checklist for the application:

- _____ Completed and signed application form
- _____ Society Verification Letter/Membership Certificate
- _____ Copy of curriculum vitae (CV)

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I. BIOGRAPHICAL

Name: First: _____ Last: _____ Middle: _____

Credentials: _____ Practice Type: _____

Citizenship/Nationality: _____ Date of Birth (MM/DD/YYYY): _____

E-MAIL: _____ Degree: _____

Organization/Business: _____

Street Address: _____

Suite/Department: _____

City/State/Postal Code: _____

Country: _____

Phone: _____ FAX: _____

No, do not display my email address in the CNS Online Member Directory.

No, do not send me CNS product and service updates and information via email.

Residence

Street Address: _____

Suite/Apartment #: _____

City/State/Postal Code: _____

Country: _____

Phone: _____

Please send correspondence to this address: Business OR Residence

II. MEMBERSHIP IN LOCAL OR REGIONAL MEDICAL SOCIETY

Name of Local or Regional Society: _____

Address of Society: _____

Date of Membership: _____

ATTACH A COPY OF YOUR MEMBERSHIP CERTIFICATE OR LETTER OF VERIFICATION FROM THE SOCIETY

OR EMAIL IT TO: membership@cns.org



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III. COPY OF CURRICULUM VITAE (CV)

PLEASE ATTACH A COPY OF YOUR CURRICULUM VITAE (CV) TO YOUR APPLICATION

OR EMAIL IT TO: membership@cns.org

IV. CNS JOURNALS

Membership includes online access to our *Neurosurgery* and *Operative Neurosurgery* journals.
Add \$200 (U.S. currency) for print copies of the journals.

- Yes, I want print copies of the journals for an additional \$200

Please send journals to this address: Business OR Residence

V. PLEASE SIGN AND DATE YOUR APPLICATION BEFORE YOU SUBMIT IT TO THE CNS

By signing this form, you agree that the CNS can retain this information for the purposes of communication and service support set out in our Privacy Policy, which can be viewed at <https://www.cns.org/privacy-policy>. If you do not want your information retained, please email privacy@cns.org.

Signature: _____ Date: _____

Please note:

- A member of the CNS Membership Department will contact you regarding the status of your application and any items needed to complete it.
- The Membership Committee reviews completed applications on a monthly basis. Once your application has been approved by the Membership Committee, you will receive an acceptance letter and your first membership dues notice. No payment is required prior to acceptance.
- Your online journal access will begin shortly after your first dues payment. You will be provided with the login information to access it.
- If you requested print journals, you will receive your first printed copy within 6-8 weeks of your first dues payment.
- Your membership certificate will arrive by mail within 10 weeks of receipt of first dues payment.

If you have any questions regarding your application or wish to supply any additional materials please contact us at: membership@cns.org

Please return the application with your Society membership certificate/letter of membership verification and copy of your CV to:

Congress of Neurological Surgeons
Attn: Member Services
10 N. Martingale Road, Suite 190
Schaumburg, IL 60173 USA

OR

E-mail: membership@cns.org
Phone: 001 847 240 2500
Fax: 001 847 240 0804

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Congress of Neurological Surgeons

AUTHORIZATION AND RELEASE

1. Authorization: I hereby authorize the Congress of Neurological Surgeons (hereinafter referred to as the “Congress”) and its board of directors, membership committee, professional conduct committee, or any of their employees and agents (each a Congress representative) to: consult or make inquiry of any physician, hospital, health system, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal reference, individuals and/or organizations concerned with provider performance and the quality and efficiency of patient care, and individual or organization who has been associated with me and/or who has information bearing on my ability, training, education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress;

AND inspect and obtain copies of all records and documents that may be material to evaluating my professional qualifications, competence, ethical standards and practice patterns or otherwise related to qualifications pertinent to membership in the Congress.

2. Release: I hereby authorize and consent to the release of information by: each individual and organization who provides information to the Congress or its representative in good faith concerning my ability, training education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress, including otherwise privileged or confidential information;

AND the Congress and representatives to any physician, hospital, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal references, and individuals or organizations concerned with provider performance and the quality and efficiency of patient care, any information relevant to such matters that the Congress or its representatives may have concerning me regarding my ability, training, education, professional ethics, experience and other qualifications pertinent to membership in the Congress.

3. Indemnification: I hereby discharge from any liability and agree to indemnify, defend and hold harmless from any liability (including reasonable attorney’s fees and expenses) all:

Individuals and organizations who provide information to Congress in good faith, including otherwise privileged or confidential information; and Congress and Congress representatives for their acts performed in good faith in connection with obtaining or providing information about me and evaluating my credentials and qualifications.

I hereby agree that no information obtained by the Congress or its representatives pursuant to any pre-application, application or re-application process shall be subject to discovery, subpoena or other means of legal compulsion for release by me or my agents.

4. Truth and accuracy of information: I hereby certify that all information submitted by me to the Congress (whether in an application, CV or otherwise) is true to my best knowledge and belief. I understand and agree

- (i) to update the Congress so that all information contained in my application for membership remains true at all times; and
- (ii) that providing false or misleading information shall be grounds for denial or termination of membership in the Congress without right to further process.

5. Membership Dues and Assessments: I hereby acknowledge financial responsibility to timely pay all membership dues and other financial assessments imposed on my by the Congress.

6. Membership Pledge: I pledge that at all times while I am a member of the Congress to uphold the ideals and goals of the Congress and to continuously strive to provide quality and efficient care to my patients in a cost effective manner.

A photocopy of this form shall suffice as an original for the purpose of authorizing release of information.

By signing this form, you agree that the CNS can retain this information for the purposes of communication and service support set out in our Privacy Policy, which can be viewed at <https://www.cns.org/privacy-policy>. If you do not want your information retained, please email privacy@cns.org.

Signature

Date

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