



# San Francisco Neurological Society



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## Who are we?

Our organization has been advancing knowledge and improving practice in the neurosciences for over 70 years. We bring together the art and science of neurology, neurosurgery, neuroradiology, neuro-oncology, neuropathology, neuropsychiatry, psychiatry, and related fields. We learn from each other about the latest in research and practice, gaining academic and clinical wisdom.

Membership in the organization enables us to continue and expand our unique blend of academic programs and fellowship that benefits all of us.

## What does SFNS offer to its members?

The Society is committed to the professional development and continuing medical education of its members and has been since its inception in 1947. Members receive discounts on the Annual Meeting registration, all local CME meetings, and dinners, support the young investigator awards. Members can obtain **CME CREDIT** without ever leaving the Bay Area.

## Categories of Membership

**Active Member:** (Annual Dues \$100) Active membership shall be available to those physicians or scientists with an advanced professional degree who have valid credentials indicating their professional activity—either medical, investigational, or educational—whose professional activity is dedicated to the care and/or investigation of diseases or disorders of the nervous system. Active members shall be entitled to all of the privileges of the Society including the privileges of voting and holding office.

**Associate Member:** (Annual Dues \$50) Associate membership shall be available to nurses, scientists and other medical professionals of related disciplines, or physicians in training, in the neurosciences, whose contributions further the objectives of the Society. Associate Members shall be entitled to all the privileges of the Society except voting and holding office. Associate members shall be eligible to serve on volunteer committees.

**Retired Member:** (Annual Dues \$50) Retired membership shall be available to fully retired or less than 15 hours per week of paid professional activity, for those medical professionals of related disciplines in the neurosciences.



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## 2018 Membership Application

Mail this completed application with a check (made out to the *San Francisco Neurological Society*) to:  
1630 S. Delaware Street, #25327, San Mateo, CA 94402.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Degree \_\_\_\_\_ Department/Mailstop or Suite \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Specialty:**  Neurology  Neurosurgery  Neuroradiology  Neuropsychology  Other \_\_\_\_\_

**American Board Certification (s):** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CME Interests:** \_\_\_\_\_

**Preferred Future Annual Meeting Locations:**

- Napa  Sonoma  Yosemite  Half Moon Bay  Monterey  Lake Tahoe

## Payment Information

**Membership Category**

- \$100 - Active Member
- \$50 per year - Associate Member
- \$50 per year - Retired Member
- \_\_\_\_\_ **Additional voluntary student grant contribution - Thank you!**

Payment Method:  Visa  Mastercard  American Express  Check Enclosed

Total: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

I authorize SFNS to charge the appropriate fee listed above to my credit card.

YES, please enroll me in the new AUTO RENEWAL so that my membership will be renewed each year via the card above.

Signature: \_\_\_\_\_