

CANA (Chinese American Neurologist Association)

Address here: CANA, 5100 Sanderlin, #2199.
Memphis, TN 38117

Tel: (901)820-1041, Fax: (901)820-0144
Email: xx, Website: <http://www.cana-us.org>
Tax ID# xx

Application for Membership

Complete form, including all items requested, and return with your membership fee (US dollars) to the address above. Please TYPE or PRINT. Membership Type:

<input type="checkbox"/> Member	\$ xx
<input type="checkbox"/> Junior Member: trainee	\$ xx
*Department / Supervisor Signature certifying junior status _____	
Optional Donation to Support CANA-US	
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____	

Surname: _____

First Name: _____ Middle Initial: _____ Gender: _____

Degree(s): _____ Academic Rank/Appointment: _____

Institutional Affiliation: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-Mail Address: _____

Requirements: Two Signatures of Current Members in Good Standing.

Signature of Member in Good Standing

Signature of Member in Good Standing

Typed Name of Member in Good Standing

Typed Name of Member in Good Standing

Method of Payment:

<input type="checkbox"/> Check (drawn on a US Bank ONLY): # _____	_____
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	Name of Cardholder (Please Type or Print) _____
	Expiration Date (mo/yr) _____
	Zip Code (US only) _____

Card Number (Please Type or Print)

Authorized Signature

Date