



Membership Application

Applicant Information

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Institution: _____ Title: _____ Designation: _____

Advanced Degree or Certification: ☐ MD ☐ PhD ☐ Other _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Optional Information

Gender: _____ Birth Date: _____

Special Area of Interest in the Field of FND: _____

Preferences

- ☐ Opt out of membership emails
- ☐ Opt out of non-society business emails from FNDS relating to activities or areas of likely interest to members
- ☐ Opt out of membership directory listing names and addresses available only to members

Profession/Field:

- ☐ Neurology
- ☐ Neuropsychology
- ☐ Nursing
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Psychotherapy
- ☐ Rehabilitation Medicine
- ☐ Speech and Language Therapy/Pathology
- ☐ Other _____

Membership Dues

Do you want to help establish the Society? Consider joining as Founding member. The Founding Member designation is a life-long designation. The last day to apply as a Founding member is December 31, 2020. Subsequent annual dues charged at your designated regular dues listed below.

Active Member

Open to individuals who attained an advanced degree, professional qualification, or equivalent certification in a field of healthcare or science with relevance to patients with Functional Neurological Disorders.

- Medical practitioners and psychologists ☐ **\$150**
- Physical & occupational therapists, speech & language therapists, nursing professionals, technicians, research coordinators, etc. ☐ **\$ 75**

Trainee Member

Open to individuals in training for an advanced degree, professional qualification, physician sub-specialty training, or equivalent certification in a field of healthcare or science with relevance to patients with Functional Neurological Disorders ☐ **\$ 50**

Founding Member Either member type listed above ☐ **\$300**

Now – December 31, 2020: Active \$75 / \$37.50; Trainee \$25; Founding \$300

Total (USD): \$ _____

Payment Information

☐ Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Email Receipt to: _____

☐ Check (U.S. funds drawn on U.S. bank payable to FNDS)

☐ Request Invoice

Allow 2-4 weeks for processing and committee approval.

Submit application and current CV

Upload:

<https://www.dropbox.com/request/61sa1Pw7TSidIxc6o205>

Mail: Functional Neurological Disorder Society
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Milwaukee, WI 53202-3823
USA

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