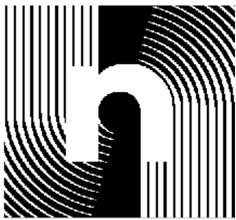

Neurocritical Care Society

5841 Cedar Lake Road, Suite 204 | Minneapolis, MN 55416
Tel 952-646-2034 | Fax 952-545-6073 | Email: info@neurocriticalcare.org | Website: www.neurocriticalcare.org

NCS Membership Application

First Name__________________ Last Name________________________________ Designation ___________

Preferred Address: **Please check if ☐ Home OR ☐ Work**

If work, Name of Company/Institution____

Address____

City____ State_____________ Zip_____________________

Country_________________________ Email ____

Work Phone Number___________________________ Home Phone Number___________________________

NCS Membership Year runs January 1 through December 31 each year

- Individuals may join online by visiting www.neurocriticalcare.org and clicking on 'Join NCS' in the upper right-hand corner of the homepage. **OR**
- Complete the information below and fax to (952) 545-6073 **OR**
- Send completed form along with check payment to the address listed above.

Membership Rates/Yearly Dues:

$250 Physicians
$150 Nurses, Pharmacists, Physicians Assistants and Medical Professionals
$100 Trainees* (Students, Residents, Fellows)
* Payment must include letter with verification of status from your program director.

Member Type: _____________________________ **TOTAL PAYMENT** **$**_____________________

☐ I authorize NCS to charge my credit card for the above-mentioned amount.

☐ Visa ☐ MasterCard

Credit Card # ____ Exp: __________________________

Signature:____

Name (clearly written) ____ Phone: _________________________