

Southern Neurosurgical Society

INCORPORATED



Application for Membership Membership Chairman

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Norton Neuroscience Institute - 210 E. Gray Street - Suite 1102 - Louisville, KY 40202

Office Phone: 502-629-5510 - Office Fax: 502-629-5512

Date: _____

Full Name: _____

Preferred Email Address: _____

Office Address: _____

Office Phone: () _____ Office Fax: () _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: () _____ Spouse Name: _____

Medical School: _____ Year Graduated: _____

Residency: _____ Year Graduated: _____

Date of Certification-American Board of Neurological Surgery: _____

Name and Address of your sponsor/Recommending Member of the SNS: _____

Submit completed application to the Chairman of the Membership committee at the above address, fax or email. You must include a copy of your CV and a letter of recommendation from your sponsor/member of the SNS