

NNENS Membership Application

To become a member of NNENS, please fill out the registration below. Dues are \$25.00 per year and are payable upon receipt of your completed application for membership.

Register with the NNENS:

Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Please print and mail to:

NNENS
c/o Robert Hamill, M.D., Treasurer
Neurology Health Care
111 Colchester Ave.
Burlington, VT 05401