



NNENS Membership Application

To become a member of NNENS, please fill out the registration below. Dues are \$35.00 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: _____

Send registration form and check payable to NNENS to:

NNENS

c/o Department of Neurology, Dartmouth-Hitchcock Medical Center

One Medical Center Drive, Lebanon, NH 03756

TELEPHONE: (603) 650-4211 FAX: (603) 650-6233