



## The Migraine Surgery Society Application for Membership

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name (First, Last, MI)

Street Address

City

State

Zip Code

Country

Email Address

Phone Number

I am eligible for membership through the specialty of:

- Plastic Surgery
- ENT/Facial Plastic Surgery
- Neurosurgery

### Applicants for Active and Candidate Membership

- Member of the American Society of Plastic Surgeons or International Member of an ICOPLAST member society.
- Successful Completion of MSS Course/Lab or ASPS EdNet course related to migraine surgery or graduation from residency program where migraine surgery was performed
- Letter of Support from current member
- Surgery minimums for joining are at least five cases in three of the four major trigger points of frontal, occipital, temporal and septal

**Active Membership** *voting member*

All plastic surgeons, ENT/Facial Plastic Surgery/ who are **Board Certified** by the American Board of Medical Specialties (ABMS) or equivalent for international applicants

**Candidate Membership**

All plastic surgeons, ENT/Facial Plastic Surgery/ who are **Board Eligible** by the American Board of Medical Specialties (ABMS) or equivalent for international applicants

**Resident Membership**

- Residents in ACGME accredited Plastic Surgery, ENT or Neurosurgery program
- Fellow in plastic surgery, ENT or Neurosurgery advance training, which has graduated from ACGME accredited program
- Letter of support from training program director



**Affiliate Member**

- Scientist, researcher or medical doctor who is involved in the practice or science of migraine surgery and possess the knowledge and expertise which benefits the mission of the MSC.

*An associate may contact you to request additional information to process your application.*

Membership dues will be invoiced once application is reviewed and approved. Dues are renewed annually.

Active and Candidate Membership	\$150.00
Resident and Fellow Members	\$25.00
Affiliate Members	\$150.00

I understand and agree that membership in the Migraine Surgery Society is a privilege and not a right. As an applicant for membership, I have the responsibility for supplying to the Migraine Surgery Society with information adequate for proper evaluation by the Society of my fitness for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email your application to:** [info@migrainesurgerysociety.org](mailto:info@migrainesurgerysociety.org)

Or mail to

**The Migraine Surgery Society**

**444 E. Algonquin Road**

**Arlington Heights, IL 60005**