



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	\$50.00

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

Or mail to

The Migraine Surgery Society

444 E. Algonquin Road

Arlington Heights, IL 60005