



IANs
The International Anal Neoplasia Society

APPLICATION FOR MEMBERSHIP

NAME First Middle Last
UNIVERSITY or COLLEGE DEGREE YEAR GRADUATED
NURSING /ADVANCED CLINICAL SCHOOL DEGREE YEAR GRADUATED
MEDICAL SCHOOL DEGREE YEAR GRADUATED
RESIDENCY TRAINING (Specialty and institution) DATE
RESIDENTS Current program year (e.g. PGY2) expected date of graduation DATE
FELLOWSHP (if applicable) DATE
CERTIFICATION DATE

Please complete the following sections carefully to assist the membership committee in reviewing your application.

ANOSCOPY TRAINING:

Blank lines for Anoscopy Training details.

High Resolution Anoscopy: (date) INSTITUTION

LICENSURE: Has your license to practice ever been revoked?
Have you ever been denied a license to practice?
Have you ever voluntarily surrendered your license?
Have you ever been the subject of any professional misconduct proceedings or are they pending?
Have any sanctions or restrictions been imposed by any licensing authority?
If yes to any of the above, please explain:

HAVE YOU EVER BEEN CONVICTED OF COMMITTING AN ACT CONSTITUTING A CRIME OR FELONY?
Yes No (NOTE: This excludes minor traffic violations)

The following is for informational purposes only and is not required for membership.

PRACTICE SPECIALTY _____

PUBLICATIONS: _____

SOCIETY MEMBERSHIPS: _____

Submit your application with the dues to join IANS. Your membership period a calendar year from the date approved.

Physician Dues: \$270 Clinical Specialist Dues: \$180 Resident and Fellow Dues: \$100

I hereby apply for PHYSICIAN CLINICAL SPECIALIST RESIDENT/ FELLOW

I agree to be bound by the bylaws of the organization that may be found at iansociety.org

APPLICANT SIGNATURE: _____ DATE: _____

RESIDENTIAL: _____

ADDRESS _____

City _____ State _____ Zip Code _____

PROFESSIONAL: _____

ADDRESS _____

City _____ State _____ Zip Code _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

Mail completed form to: IANS
P.O. Box 1543
Leesburg, Virginia 20177
info@iansociety.org
www.iansociety.org

PAYMENT INFORMATION (PLEASE COMPLETE)

Amount enclosed/charged \$ _____
Payment made by check (payable to IANS) or by credit card: Visa MasterCard American Express
Card Account number: _____ Expiration Date: _____ CVV3 _____
Name on Card: _____ Signature X _____
Address if different from address shown above. _____

