

**MEMBERSHIP APPLICATION**  
**Membership is easy!!**

Just fill out the bottom part of this page and send it with a check made out for **\$20** to:

**THE CHARLES E. HENRY SOCIETY**

And mail it to:

Carolyn Towers  
CNL Rm 6603  
University Hospital  
750 E. Adams Street  
Syracuse, NY 13210

*It's really that simple!*

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NAME: \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

PROFESSIONAL AFFILIATION (*where do you work?*) \_\_\_\_\_  
\_\_\_\_\_

**Renewal**  **New Member**

Feel free to tell us a bit about yourself – where you work, experience, interests in neurodiagnostics, etc.