
Membership Application

Name, Professional Credentials: _____

Home Address: _____

City, State, Zip: _____

Facility/Hospital Affiliation: _____

Facility Address: _____

City, State, Zip: _____

Mailing address preference: Facility Home

E-mail address: _____

Annual membership dues are \$20.00

Please check if interested in participating in any of the following (check all that apply)

- Board Member
- Conference Registration Table
- Presenter

Topics you'd like to hear at upcoming events

- EEG
- Evoked Potentials
- Nerve Conduction Studies
- Intraoperative Monitoring
- Polysomnography
- Board Preparation
- Pediatric
- Upcoming Technologies
- Diseases and Disorders
- OTHER _____

Signature: _____ Date: _____

Please make check payable to MSET and send to MSET Secretary/Treasurer:

Greg Miller, MSET Secretary/Treasurer
4599 Towne Centre
Saginaw, MI 48604