
Ohio Neurodiagnostic Society (ONDS) Membership Application

A Chapter of ASET, The Neurodiagnostic Society

1961 Throntdale Ave Stow, Ohio 44224

To apply for membership, return completed application with payment by mail to address above. ONDS Membership is from January through December. First-year dues are pro-rated based on join date. For members joining in October, through December, membership runs through December of the following year.

Section I: Membership Category

Member Class:	Jan-March Join Date	April-June Join Date	July-Sept Join Date	Oct-Dec (15 mos) Join Date
ACTIVE MEMBERSHIP	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30
ASSOCIATE MEMBERSHIP	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35
STUDENT MEMBERSHIP	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
CORPORATE MEMBERSHIP	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200

Section II: Applicant Information (Active/Associate/Student)

Last Name: _____ **First Name:** _____ **Middle** _____

Check appropriate credential if any:

☐ R.EEG.T ☐ R.EP.T ☐ RPSGT ☐ CNIM ☐ CLTM ☐ R. NCS. T ☐ CNCT ☐ CAP

☐ Other _____

Check appropriate degrees if any:

☐ 2 year Associates Degree ☐ BA ☐ BS ☐ MS ☐ Med ☐ MHA ☐ PhD

☐ Other _____

Business Address:

Company/Institution _____

Street Address: _____ **City:** _____

State: _____ **Zip/Postal Code:** _____ **County:** _____

Business Phone: (_____) _____ **Business Fax:** (_____) _____

Business email: _____

Home address:

Street Address: _____ **City:** _____

State: _____ **Zip/Postal Code:** _____ **County:** _____

Preferred mailing address: ☐ Home ☐ Business

Section III: Membership Listing

Membership information is included in Ohio Chapter membership directory. However, we recognize the importance of your privacy and provide you with options relating to your listing. If no option is selected, your name will be included in the member directory.

☐ My information as noted above, can be included in the member directory.

☐ Only my name and email address can be included in the member directory.

☐ My information is not to be included in the member directory.

STAFF USE ONLY	DATE RECEIVED	DATE ENTERED	BY
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Return completed application forms to:
Mark G. Ryland, Acting Sec/Tres. ONDS
1961 Thorndale Ave Stow, Ohio 44224

Make Checks Payable to ONDS