



New England Society for Vascular Surgery

203 Washington Street, PMB 311 || Salem, Massachusetts 01970

Telephone: 978.744.5005 || Fax: 978.744.5029

▪ **APPLICATION FOR MEMBERSHIP** ▪

Founded 1973

To the Executive Council of the **New England Society for Vascular Surgery**:

I hereby submit this application for membership to the **New England Society for Vascular Surgery**.

Name:

First M Last

Name of Spouse:

First M Last

Office Address:

Street Unit/#

City State ZIP

Daytime Phone Fax

Email Address

Home Address:

Street Unit/#

City State ZIP

Date of Birth: ____ / ____ / ____ Citizenship: _____

SPONSORSHIP

We vouch for the character and standing of _____ and recommend election into membership.
(Applicant's Name)

Name of Sponsor:

First Last

Signature

First Endorser:

First Last

Signature

Second Endorser:

First Last

Signature

EDUCATION

Pre-Medical School:

Institution	Location	Degree	Graduation Date
Institution	Location	Degree	Graduation Date

Postgraduate School:

Institution	Location	Degree	Graduation Date
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Medical School:

Institution	Location	Degree	Graduation Date
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RESIDENCY TRAINING

PGY-1	Hospital	Location	Date
PGY-2	Hospital	Location	Date
PGY-3	Hospital	Location	Date
PGY-4	Hospital	Location	Date
PGY-5	Hospital	Location	Date
PGY-6	Hospital	Location	Date
Vascular Residency (Fellowship)	Hospital	Location	Date

Research Experience: _____

HOSPITAL APPOINTMENTS

Hospital	Location	Date
Hospital	Location	Date
Hospital	Location	Date
Hospital	Location	Date

MEDICAL SCHOOL APPOINTMENTS

Hospital	Location	Date
Hospital	Location	Date
Hospital	Location	Date
Hospital	Location	Date

MEMBERSHIP IN MEDICAL & SURGICAL SOCIETIES

Society Induction Date

Society Induction Date

Society Induction Date

Society Induction Date

Society Induction Date

Society Induction Date

Society Induction Date

LICENSURE & CERTIFICATION

I am licensed to practice medicine in _____
State _____ Number _____

Certification by American Board of Surgery _____
Date _____ Number _____

Certification of special (or added) qualifications in vascular surgery _____
Date _____ Number _____

Fellowship in American College of Surgeons _____
Date of Election _____

Other certification _____
Board _____ Date _____ Number _____

What percentage of your practice is devoted to vascular surgery? _____

ATTACH A COPY OF YOUR CURRICULUM VITAE, INCLUDING BIBLIOGRAPHY.

If elected to membership, I agree to attend the Annual Meetings, contribute to the Scientific Sessions and participate in the activities of the Society.

Signature _____ Date _____

CHECK LIST

- Request your sponsor and two endorsers to send letters of recommendation to the Society's Administrative Office in Salem, Massachusetts.
- Attach a copy of your curriculum vitae.

Mail completed application & curriculum vitae to:

New England Society for Vascular Surgery
Attention: Membership Department
203 Washington Street, PMB 311
Salem, MA 01970