



**New England Society for Vascular Surgery**

100 Cummings Center, Suite 124-A • Beverly, Massachusetts 01915

Telephone: 978.927.7800 • Email: nesvs@administrare.com

▪ **APPLICATION FOR ACTIVE MEMBERSHIP** ▪

Founded 1973

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

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

Name:

\_\_\_\_\_  
First M Last

Name of Spouse:

\_\_\_\_\_  
First M Last

Institution:

\_\_\_\_\_  
Institution/Practice Name

Office Address:

\_\_\_\_\_  
Street Unit/#

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Phone Cell Phone

\_\_\_\_\_  
Email Address

Home Address:

\_\_\_\_\_  
Street Unit/#

\_\_\_\_\_  
City State Zip Code

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Transgender  Intersex  Other

ACS #: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_

## SPONSORSHIP

The following physician has agreed to send a letter recommending my election to active membership.

Name of Sponsor: \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_

\_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION

### *Pre-Medical School:*

Institution	Location	Degree	Graduation Date

### *Postgraduate School:*

Institution	Location	Degree	Graduation Date

### *Medical School:*

Institution	Location	Degree	Graduation Date

## 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

**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

**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 \_\_\_\_\_

Other certification \_\_\_\_\_  
 Board \_\_\_\_\_ Date \_\_\_\_\_ Number \_\_\_\_\_

**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 \_\_\_\_\_

**EMAIL COMPLETED APPLICATION AND CURRENT CV TO:  
 NESVS@ADMINISTRARE.COM**