



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 CANDIDATE MEMBERSHIP** ▪

Founded 1973

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

I hereby submit this application for candidate 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 OR PROGRAM DIRECTOR INFORMATION

The following physician has agreed to send a letter recommending my election to candidate 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

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**