



New England Society for Vascular Surgery

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

Telephone: 978.927.7800 • Fax: 978.927.7872

▪ **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 Fax

Email Address

Home Address: _____
Street Unit/#

City State Zip Code

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

SPONSORSHIP

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

Name of Sponsor: _____
First Last

Institution

City State

Telephone Email

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

- Have sponsor send letter of support to the Society's Administrative Office in Beverly, Massachusetts.
- Attach a copy of your curriculum vitae.

Mail completed application & curriculum vitae to:

New England Society for Vascular Surgery
Attention: Membership Department
100 Cummings Center, Suite 124-A
Beverly, MA 01915