



THE NEW YORK SOCIETY FOR VASCULAR SURGERY

Renewal Membership (Fill Out Section A)

New Membership (Fill Out Section A & B)

Please check one of the following:

Vascular Surgeon

? Full Active Membership \$125

Vascular Fellow

? Candidate Group Membership \$25

Please check one of the following:

Vascular Surgeon

? Full Active Membership \$125

Vascular Fellow

? Candidate Group Membership \$25

TO: THE EXECUTIVE COUNCIL, THE NEW YORK SOCIETY FOR VASCULAR SURGERY

I hereby submit my application for consideration for active membership in The New York Society for Vascular Surgery and herewith submit the follows data for consideration.

Section A

NAME: _____
(Last) (First) (M.I.)

TITLE: _____

HOSPITAL AFFILIATION (if applicable): _____

OFFICE ADDRESS: _____
(Street)

(City) (State) (Zip Code)

PHONE: _____ **FAX:** _____

E-MAIL: _____

Section B

PROFESSIONAL INFORMATION:

ACADEMIC DEGREES: _____

MEDICAL DEGREES: _____ **YEAR OF GRADUATION:** _____

INTERSHIP: _____
(Hospital) (Date)

RESIDENCY: _____
(Hospital) (Date)

FELLOWSHIP: _____
(Hospital) (Date)

OTHER DEGREES OF SPECIALTY BOARDS: _____

HOSPITAL APPOINTMENTS, MOST RECENT APPOINTMENT FIRST (PAST & PRESENT)

MEDICAL SCHOOL APPOINTMENTS, MOST RECENT APPOINTMENT FIRST (PAST & PRESENT)

PRACTICE LIMITED TO: Vascular Surgery _____% General Surgery _____%
Cardiac Surgery _____% Other _____%

GIVE TWO NAMES OF ACTIVE NYSVS MEMBERS OF SPONSORS:

(Include address and contact information)

1. _____
(Name) (Phone)

(Street) (City) (State) (Zip Code)

2. _____
(Name) (Phone)

(Street) (City) (State) (Zip Code)

