



EASTERN VASCULAR SOCIETY

19 North Street
Salem, MA 01970
Tel. (978) 745-8331
Fax. (978) 745-8334

APPLICATION FOR ASSOCIATE/CANDIDATE MEMBERSHIP

Name (last name) (first name) (middle name) Date of Birth

Office (street and number) Telephone ()
(city, state, and zip code)

Residence (street and number) Telephone ()
(city, state, and zip code)

Medical School and Year of Graduation

Surgical Training (internship) (dates)

(residency) (dates)

(training in vascular surgery) (dates)

Board of Certification

American Board of Surgery date _____

American Board of Thoracic Surgery date _____

Other (FRCS, etc.) date _____

Certificate of Special or Added Qualifications
in General Vascular Surgery date _____

Fellowship

American College of Surgeons date _____

Other date _____

Local or Regional Vascular Society Membership

date _____

Other Professional Societies of which you are a member

Current Hospital Appointments

Current Teaching Appointments

What percentage of your professional efforts are devoted to Vascular Surgery?

If you have ever been dismissed from a hospital staff, had operative privileges revoked, or state licensure rescinded, please attach an explanation on a separate sheet of paper.

Provide a brief narrative of your professional activities related to vascular medicine/radiology/surgery. Attach a separate sheet if necessary.

List of publications in vascular medicine/radiology/surgery (omit abstracts). Attach a separate sheet if necessary.

List the names and addresses of two individuals you will ask to submit letters in support of your application. Preferably, one should be an officer of your local or regional vascular society.

List any other information you would like the membership committee to consider (directorship of vascular laboratory, coordinator of vascular course, invited lecturer, etc.) and attach a separate sheet if necessary.

By submitting this application, the applicant certifies that the above information is complete and correct. The applicant agrees to participate in the meetings of the society and abide by the bylaws, including participation in a vascular registry as established by the society.

(signature) (date)

Action of membership committee

approved	date
deferred	date
dropped	date

Action of executive council

elected	date
deferred	date
dropped	date