



EASTERN VASCULAR SOCIETY

APPLICATION FOR ASSOCIATE MEMBERSHIP

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

Office/Institution _____
(street and number)

(city, state and zip code) Telephone () _____

Fax () _____ Email (Required) _____

Residence _____

Telephone () _____

Academic Degrees, Year and University

Licensure/Registration/Certification ~ List current credentials for your field

Curriculum Vitae

Please include your Curriculum Vitae outlining your professional background, publications, presentations and/or research grants.

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If you have ever been dismissed from a hospital staff, had operative privileges revoked, or state licensure rescinded, please attach an explanation on a separate sheet of paper.

Local or Regional Vascular Society Membership

Date _____

Other Professional Societies in which you hold membership



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 surgery (omit abstracts) and 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.

(signature)

(date)

Action of the membership committee

Approved _____ date _____

Deferred _____ date _____

Dropped _____ date _____

Action of the executive council

Elected _____ date _____

Deferred _____ date _____

Dropped _____ date _____