

THE WISCONSIN SURGICAL SOCIETY

Chapter of the American College of Surgeons

Member Application Form

Dues year January 1 through December 31



Please type or print legibly.

Application Date _____

Name _____

Address _____

Municipality _____ State _____ Zip _____

Phone _____ FAX _____ Email _____

√ Box	Membership Category	Explanation	Dues Amount
	Applicant	Current ACS Fellow - State Resident _____ FACS year	\$125
	Associate	Current Associate Fellow of ACS – State Resident Anticipated _____ FACS year	\$125
AMOUNT ENCLOSED			

Current Active Members have the opportunity to vote on the proposed Membership Ballot during the Annual Meeting held in conjunction with the November Conference.

Thank you for your continued participation in The Wisconsin Surgical Society, A Chapter of the American College of Surgeons. Please return this form, along with your dues payment to:

The Wisconsin Surgical Society
A Chapter of the American College of Surgeons
c/o Terry & Terry Estness, Executive Directors
2408 North 67th Street
Wauwatosa, WI 53213

_____ Check or Credit card ___ MC ___ VISA ___ AMEX OR PAY ONLINE at www.wisurgicalsociety.com

Number _____ Exp. Date ____ / ____ Authorization Code _____

Name as it appears on credit card

Address _____ Municipality _____

State _____ Zip _____ Phone _____ Email _____

The Wisconsin Surgical Society
A Chapter of the American College of Surgeons



Application for Membership

Please attach to your dues payment form.

Dues \$125 per year

Dues year January 1 through December 31

Name _____ Date _____

Office Address _____

Phone _____ FAX _____ Email _____

Place and date of birth _____

Are you a Fellow of the American College of Surgeons? Yes _____ Date _____

I am an applicant/candidate to be a Fellow of the American College of Surgeons.
Anticipated Fellow Year _____

PREMEDICAL EDUCATION Dates (Inclusive) Degree

College _____

College _____

MEDICAL EDUCATION Dates (Inclusive) Degree

University _____

University _____

POST GRADUATE TRAINING Dates (Inclusive)

Hospital _____

Hospital _____

Hospital _____

TEACHING APPOINTMENTS Dates (Inclusive)

University _____

University _____

HOSPITAL STAFF APPOINTMENTS	Type of Appointment	Dates (Inclusive)
Hospital _____	_____	_____
Hospital _____	_____	_____
Hospital _____	_____	_____
Hospital _____	_____	_____

CERTIFICATION SPECIALTY BOARD(S)	Dates
Board Name _____	_____
Board Name _____	_____

MEMBERSHIP in MEDICAL SOCIETIES	Dates
Society _____	_____
Society _____	_____
Society _____	_____

PUBLICATIONS	JOURNAL	Dates
Title _____	_____	_____
Title _____	_____	_____
Title _____	_____	_____
Title _____	_____	_____

ENDORSEMENT BY PRACTICING WSS Active MEMBER SURGEON

Member Name _____, M.D., FACS Date _____
 In addition to the signature, please print the name of your endorsing sponsor if the signature is too difficult to read.

I, _____, (please your print name) do hereby make application for membership in The Wisconsin Surgical Society, A Chapter of the American College of Surgeons. I consent to practice in an ethical manner.

_____, M.D. Date _____