

South Texas ACS Membership Application



South Texas Chapter of the
American College of Surgeons

Last Name..... DOB.....
 First Name..... Middle Name.....
 E-mail.....
 Specialty.....

OFFICE:

Address.....
 City..... State..... Zip.....
 Business Phone..... Business Fax.....
 Office Contact/Manager.....
 Office Contact/Manager E-mail.....

HOME:

Address.....
 City/Zip.....
 Phone..... Fax.....
 E-mail.....

Preferred Mailing Address Office Home

MEMBERSHIP CATEGORY:

- Fellow (\$100.00)**
 Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
- Associate Fellow (\$100.00)**
 Must be recognized by the American College of Surgeons as an Associate Fellow; category between Candidate Group and Fellowship.
- Resident (No charge)**
 Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.

Signature.....

Questions? Contact Janna Pecquet, South Texas ACS Executive Director, by email: janna@southtexasacs.org.

PAYMENT INFO (Make check payable to South Texas ACS)

Payment Amount \$ _____ Check No. _____ Credit Card (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Name As On Card..... Billing Address..... Account No..... Exp. Date..... CSC..... Signature..... Date.....
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