

# 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](mailto:janna@southtexasacs.org).

**PAYMENT INFO (Make check payable to South Texas ACS)**

Payment Amount \$ _____ Check No. _____ Credit Card ( <i>check one</i> ) <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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