



NEW YORK CHAPTER  
AMERICAN COLLEGE OF SURGEONS

MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital Affiliation(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Specialty: \_\_\_\_\_

**(Please sign only one statement)**

*I am a Fellow of the American College of Surgeons and would like to become an active member of the New York Chapter, American College of Surgeons. I have enclosed a check for \$250\_\_\_ Please Charge my Credit card\_\_\_\_\_ as my annual dues payment.*

\_\_\_\_\_  
Signature

*I am a (Candidate/Resident/Associate) Fellow of the American College of Surgeons and would like to become an active resident member of the New York Chapter, American College of Surgeons (**dues free**).*

\_\_\_\_\_  
Signature

\_\_\_ Please charge my Credit Card \_\_\_ Visa \_\_\_ M/C \_\_\_ DISCOVER \_\_\_ Amex \_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CV Code \_\_\_\_\_

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Signature \_\_\_\_\_ Email for receipt \_\_\_\_\_