



THE WISCONSIN SURGICAL SOCIETY
A Chapter of the American College of Surgeons



Application for Membership
*Fellow of ACS within three years of this application -
New member of The Wisconsin Surgical Society*

Dues \$125 per year
Dues year January 1 through December 31

Name _____ Date _____

Office Address _____

Phone _____ FAX _____ Email _____

Place and date of birth _____

Fellowship American College of Surgeons Yes _____ Date _____

PREMEDICAL EDUCATION

Dates (Inclusive)

Degree

College _____

College _____

MEDICAL EDUCATION

Dates (Inclusive)

Degree

University _____

University _____

POST GRADUATE TRAINING

Dates (Inclusive)

Hospital _____

Hospital _____

Hospital _____

TEACHING APPOINTMENTS

Position

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 MEMBER SURGEON

Name _____, M.D. Date _____

Please print your name if your signature is difficult to decipher.

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 _____

____ Check or Credit card ___ MC ___ VISA ___ AMEX

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
c/o Terry & Terry Estness, Executive Directors
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Wauwatosa, WI 53213