



EASTERN VASCULAR SOCIETY
500 Cummings Center, Suite 4550
Beverly, MA 01915
Tel. (978) 927-8330 - Fax (978) 524-8890

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name _____ **Date of Birth** _____
(last name) first name (middle name)

Office/Institution _____
(street and suite number)

_____ **Telephone ()** _____
(city, state and zip code)

Fax () _____ **Email (Required)** _____

Residence _____

_____ **Telephone ()** _____

University Attended, Academic Degree(s) Earned, and Date Completed

(Institution) (Degree) (Date Completed)

(Institution) (Degree) (Date Completed)

(Institution) (Degree) (Date Completed)

Licensure/Registration/Certification ~ List current credentials for your field

What percentage of your professional efforts are devoted to Vascular Surgery? _____%

If you have ever been dismissed from hospital staff, had operative privileges revoked, or state licensure rescinded, please attach an explanation on a separate sheet of paper.

Local or Regional Vascular Society Membership

_____ date _____

Other Professional Societies in which you hold membership

Provide a brief narrative of your professional activities related to vascular medicine/radiology/surgery. Attach a separate sheet if necessary.

List of publications in vascular surgery (omit abstracts) and attach a separate sheet if necessary.

List the names and addresses of **two individuals** you will ask to submit letters in support of your application. Preferably, one should be an officer of your local or regional vascular society. If you need assistance in finding a sponsor or obtaining a letter of support, please contact membership@easternvascular.org.

List any other information you would like the membership committee to consider (directorship of vascular laboratory, coordinator of vascular course, invited lecturer, etc. and attach a separate sheet if necessary).

Curriculum Vitae

Please include your Curriculum Vitae outlining your professional background, publications, presentations and/or research grants.

By submitting this application, the applicant certifies that the above information is complete and correct. The applicant agrees to participate in the meetings of the Society and abide by the Bylaws.

(signature)

(date)

Action of the membership committee

Approved ----- date -----

Deferred ----- date -----

Dropped ----- date -----

Action of the executive council

Elected ----- date -----

Deferred ----- date -----

Dropped ----- date -----