



**American Society of General Surgeons**

P.O. Box 4834 · Englewood, CO 80155

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E-mail: asgs-info@theasgs.org · Internet: www.theasgs.org

Please type or print this form and mail to above address.

## Membership Application

Membership Category: (See page 2 for description of each category)

Active     Associate     Candidate     Corresponding     Resident     Senior

Practitioner Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Other Name Used: (e.g., maiden name, etc.) \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Office Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MO) (DAY) (YEAR)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Gender:  M  F

### Education

*Institution/City/State*

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Residency(ies): \_\_\_\_\_ Year of Completion: \_\_\_\_\_

### Certification

*Enclose copy of Certificate(s)*

Board Certified, American Board of Surgery:  Yes  Year  Not Certified

Board Re-certified, American Board of Surgery:  Yes  Year  Not Re-certified

### Licensure

*Enclose copy of current state medical license(s)*

Medical License #: \_\_\_\_\_ State: \_\_\_\_\_

Medical License #: \_\_\_\_\_ State: \_\_\_\_\_

Medical License #: \_\_\_\_\_ State: \_\_\_\_\_

**Note:** ASGS verifies the good standing of each applicant's state license to practice medicine.

Has the State Board of Medicine or any other licensing or accreditation entity ever limited or imposed restrictions on your practice privileges?  Yes  No *If yes, please provide an explanation on a separate sheet and attach to application.*

### Current Professional Letter of Reference

A letter of reference is required from a General Surgeon who has knowledge of the applicant's practice in the community, and who preferably — but not necessarily — is a member of the ASGS or a Fellow of the American College of Surgeons.

**(Exception:** *General Surgeons in rural practice may wish to indicate a physician reference who is not a General Surgeon.*)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Note:** ASGS will request a professional letter of reference from the named General Surgeon if a current professional letter of reference is not submitted with this application.

## Medical Activity *Enclose copy of Curriculum Vitae*

In lieu of a CV, please list in chronological order your medical activities from completion of residency(ies) to date. Applicants for Candidate Membership must indicate the date of completion of residency(ies).

From (MONTH, YEAR)	To (MONTH, YEAR)	Position Held (INCLUDE PRACTICE)	Location (INCLUDE ADDRESS)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hospitals at which you have active staff privileges: (*list no more than two; include city and state*)

- \_\_\_\_\_
- \_\_\_\_\_

Member, State Medical Association     Yes     No    Member, American Medical Association     Yes     No  
Fellow, American College of Surgeons     Yes     No

Enclose a copy of Certificate, acceptance letter, or ID card verifying your current affiliation with the American College of Surgeons in one of the following categories:     Fellow     Initiate     Applicant for Fellowship     Associate Fellow

## Declaration *Please sign*

*The information provided in this application is complete and true to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Membership Categories

### ACTIVE MEMBERSHIP

Surgeons who have been certified by the American Board of Surgery and, in the opinion of the Board of Trustees and peers in the community, have the requisite training, experience and ethical qualities, and are recognized specialists in General Surgery. **Dues:** \$125 Annually.

### ASSOCIATE MEMBERSHIP

Surgeons who have not been certified by the American Board of Surgery, but — in the opinion of the board of Trustees and peers in the community — have the requisite training, experience and ethical qualities, and are recognized specialists in General Surgery. **Dues:** \$125 Annually.

### CANDIDATE MEMBERSHIP

General Surgeons who have completed an approved residency and are Board eligible, but who have not yet been certified by the

American Board of Surgery. Candidate members may remain in this membership category until they have become certified. In the event a Candidate member is not certified within three (3) years. Candidates are eligible to apply for Associate Membership. **Dues:** \$50 Annually.

### CORRESPONDING MEMBERSHIP

General Surgeons who are not residing in the United States of America, its territories or commonwealths, and who have the requisite training, experience, ethical qualities, and limit their practice to General Surgery. **Dues:** \$50 Annually.

### RESIDENT MEMBERSHIP

Residents who are enrolled in at least their first year of postgraduate training counting towards certification in General Surgery and who, by their interest, training and high moral standard, may be expected to

qualify subsequently for Active Membership. Resident members may remain in this membership category for the duration of their residency and fellowship, if applicable, and shall have not longer than one (1) year after completing their training, to apply for Candidate or Active Membership. **Dues:** \$25 Annually (no application processing fee).

### SENIOR MEMBERSHIP

General Surgeons meeting all the requirements of Active Membership, but who are not in the active practice of surgery, or who are confronted by unusual personal extenuating circumstances, as judged by the Board of Trustees will be eligible for this class of membership. **Dues:** \$100 Annually or a voluntary contribution to defray membership expenses.

## Application Processing

All Membership Categories, with the exception of Resident Membership, require a one-time, non-refundable processing fee of \$20 which must accompany each membership application. ASGS membership becomes effective on the date of approval. Dues will be billed at the time of membership approval. Memberships approved after September 30 will be applied to the coming year. Memberships approved prior to September will be applied to the current year. Membership Certificates will be mailed upon approval of the membership application and receipt of dues.