



# AMERICAN SOCIETY OF GENERAL SURGEONS

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## Membership Application

### MEMBERSHIP CATEGORY *(See back for descriptions.)*

Active  Associate  Candidate  Corresponding  Resident  Senior

Practitioner Name \_\_\_\_\_  
*(Please type or print.)* First Middle Last

Other Name Used *(maiden name, etc)* \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex M  F   
Month Day Year

Office Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

### EDUCATION *(Institution/City/State)*

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

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

\_\_\_\_\_ Year of Completion \_\_\_\_\_

### CERTIFICATION *(Enclose copy of certificate(s).)*

Board Certified, American Board of Surgery Yes  Year \_\_\_\_\_ No

Board Re-certified, American Board of Surgery Yes  Year \_\_\_\_\_ No

### LICENSURE *(Enclose copy of current state medical license(s). ASGS verifies the good standing of each applicant's state license.)*

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

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

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

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 this 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: A general surgeon in rural practice may indicate a reference who is not a general surgeon.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Phone \_\_\_\_\_

*ASGS will request a letter of reference from the individual named above if the letter is not submitted with this application.*

**MEDICAL ACTIVITY** *(List in chronological order medical activities from completion of residency to date. A CV may be submitted instead. Applicants for candidate membership must indicate anticipated date of residency completion.)*

From <i>(month, year)</i>	To <i>(month, year)</i>	Position held <i>(include practice)</i>	Location <i>(include address)</i>
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List hospitals at which you have active staff privileges. *(List only two; include city and state.)*

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

Member, State Medical Association                      Yes     No

Member, American Medical Association              Yes     No

American College of Surgeons *(Enclose copy of certificate, acceptance letter, or i.d. 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**

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

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

**Membership Categories**

**Active Member** Surgeon who has been certified by the American Board of Surgery and, in the opinion of the Board of Trustees and peers in the community, has the requisite training, experience, ethical qualities, and recognition as a specialist in general surgery. **Annual dues \$250**

**Associate Member** Surgeon who has not been certified by the American Board of Surgery but, in the opinion of the Board of Trustees and peers in the community, has the requisite training, experience, ethical qualities, and recognition as a specialist in general surgery. **Annual dues \$250**

**Candidate Member** General surgeon who has completed an approved residency and is Board eligible but has not yet been certified by the American Board of Surgery. Surgeon may remain in this category until he/she has become certified. In the event the candidate member is not certified within three (3) years, he/she may apply for associate membership. **Annual dues \$50**

**Corresponding Member** General surgeon who is not residing in the U.S.A., its territories, or commonwealths; who has the requisite training, experience, and ethical qualities; and who limits his/her practice to general surgery. **Annual dues \$50**

**Resident Member** Resident enrolled in at least the first year of postgraduate training counting towards certification in general surgery and who, by his/her interest, training, and high moral standard may be expected to qualify for active membership. Resident member may remain in this category for the duration of the residency and fellowship, if applicable, and shall not have longer than one (1) year after completing training to apply for candidate or active membership. **Annual dues \$25 (no application fee required)**

**Senior Member** General surgeon meeting all the requirements of active membership but who is not in the active practice of surgery or who is confronted by unusual personal extenuating circumstances, as judged by the Board of Trustees. **Annual dues \$100 (or a voluntary contribution to defray membership expenses)**

**APPLICATION PROCESSING** *All applicants, (with the exception of those applying for resident membership) must include a one-time, non-refundable processing fee of \$20 with application. Memberships approved on or after September 30th will be applied to the following year. Memberships approved before September 30th will be applied to the current year. ASGS membership becomes effective on the date of approval.*

**Payment Information**

Name *(as it appears on card)*: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

Country: \_\_\_\_\_

**Check one:**              Check               MasterCard               Visa               Discover

Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_