

Virginia Vascular Society

Application for Membership

Date: _____

To the Executive Council of the Virginia Vascular Society

I Hereby Make Application for Membership in the Virginia Vascular Society

Please Print

Name: _____
(Last name) (First name) (Middle initial)

Office: _____
(Street Number, City, State, Zip)

Residence: _____
(Street Number, City, State, Zip)

Office Telephone Number: _____ Fax Number: _____

Home Telephone Number: _____ Email Address: _____

Date and Place of Birth: _____

Are you a citizen of the United States: _____

Signature of Applicant: _____ MD

To The Executive Council of the Virginia Vascular Society:

We vouch for the character and standing of _____ MD
and recommend his election to active membership.

Sponsored by: _____
(Signature)

Letters of reference from: _____

E. Membership in the following Medical Societies

Society Name	Status

Practice Statistics:

Vascular Procedures _____ %
General Surgery _____ %
Endovascular Procedures: _____ %

Board Certification:

Date Certified: _____ Name of Board: _____

I agree if elected to this Society to attend its meetings and contribute to the meetings by the presentation of papers and entering into discussions.

Applicant Signature

Date