

OFFICE OF THE SECRETARY

Gerald J. Bechamps, MD
c/o Virginia Surgical Society
2201 West Broad Street, Suite 205
Richmond, VA 23220

VIRGINIA SURGICAL SOCIETY

APPLICATION FOR MEMBERSHIP

NAME _____ SPOUSE _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ FAX: _____ EMAIL: _____

DATE OF BIRTH ___/___/___ MEDICAL SCHOOL _____ YEAR GRADUATED _____

RESIDENCY _____ YEAR COMPLETED _____

DATE ENTERED PRACTICE IN VIRGINIA _____ STATE LICENCE NO _____

LOCATION OF ANY PRIOR PRACTICE _____

SPECIALTY SOCIETY MEMBERSHIPS _____

STATE SOCIETY MEMBERSHIPS _____

HOSPITAL STAFF APPOINTMENTS _____

TO THE COUNCIL OF THE VIRGINIA SURGICAL SOCIETY:

Understanding the purpose of the Society to be promotion of excellence in surgery in Virginia and personal association among excellent surgeons, I apply for membership with the foretated information being true and with sponsorship of the following surgeons who are in good standing in the Society.

_____, M.D., Applicant DATE: _____

SPONSORS: ADDRESS:

1. _____

2. _____

3. _____

Three sponsors should each write a short letter of recommendation which should be sent to the Secretary. Any member of the Society may be a sponsor. Dues are \$150 annually.

PLEASE RETURN THE COMPLETED APPLICATION TO THE ABOVE ADDRESS.