

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 RESIDENT / FELLOW MEMBERSHIP

Name _____ Spouse's Name (if applicable) _____

Birth date ____/____/____ Sex M____ F____

Address _____

Phone _____ Fax _____ E-mail address _____

Undergraduate college _____ yr. graduated _____

Medical school _____ yr. graduated _____

Internship _____ yr. graduated _____

Residency _____ yr. to graduate _____

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 forestated information being true and with sponsorship of the following surgeons who are in good standing in the Society.

_____, M.D., Applicant DATE: _____

Please include a letter from the Chairman or Program Director that indicates that the applicant is in training and in good standing in the program.

Dues will be \$25.00 annually and benefits of membership include free Annual Meeting registration (\$100 value). Additionally, if you join as a Resident or Fellow, you will receive dues at half-price for the first 2 years in practice in Virginia (\$50 instead of \$100 for the first two years of practice).

PLEASE RETURN THE COMPLETED APPLICATION & DUES PAYMENT TO THE ABOVE ADDRESS.