

FREDERICK A. COLLER SURGICAL SOCIETY



APPLICATION FOR MEMBERSHIP

TO THE COUNCEL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

I Hereby make Application for Membership in the Frederick A. Coller Surgical Society.

Name _____ Age _____
(Print) (Last Name) (First Name) (Middle Name)

Residence _____ Telephone _____
(Street number, City, State)

Date and Place of Birth _____

Are you a Citizen of the United States of America or Canada? _____

If a Naturalized Citizen state where and when you were Naturalized _____

Date of Application _____ Signature of Applicant _____ M.D.

TO THE COUNCEL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

We Vouch for _____ M.D.

of _____ and recommend him/her to Active Membership.

Sponsored by _____

Endorsed by _____

Society Record-Date Application Received _____

Action of Council- Recommended _____

Deferred _____

Not Recommended _____

Action of Society- Elected _____ Date _____

Not Elected _____ Date _____

Roster No. _____ Membership Certificate Issued _____ Date _____

(Signed) _____

(Secretary)

TO THE COUNCEL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

I Submit the following data concerning my Medical and Surgical Education.

1. Premedical Education:

_____ from _____ to _____ Degree _____
(University or College) (Month, Year) (Month, Year)

_____ from _____ to _____ Degree _____

2. Medical Education:

_____ from _____ to _____ Degree _____

_____ from _____ to _____ Degree _____

3. Internship:

_____ from _____ to _____
(Hospital)

4. Training following Internship:

a. Residency:

_____ from _____ to _____
(Hospital)

_____ from _____ to _____

_____ from _____ to _____

b. Fellowship:

_____ from _____ to _____

_____ from _____ to _____

c. Association with a Member of this Society:

1. With Whom? _____
2. When? _____
3. How Affiliated _____

5. Additional Surgical Experience (such as Basic Science Training, Investigative Work, etc.)

Attach Autographed Photograph Here.
Approximate Size 3" X 3"

6. Present Hospital Staff Appointments:

7. Present Medical School Appointments:

8. Practice Limited to: _____

9. Medical and Surgical Society Memberships:

10. Fellow American College of Surgeons (date elected) _____

11. Certification by American Board of Surgery or Board of Allied Specialists:

(Name of Board)	(Date Certified)
	(Signed) _____
_____ (Date)	

12. Contributions to Medical and Surgical Literature. (List those Publications which have appeared to have been accepted for publication in National and State Journals. Give name of Journal and date of publication.)

13. If application is accepted, name to appear as follows on certificate. PLEASE PRINT

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