MEMBERSHIP APPLICATION

Please Return Application and Fees of $150.00 to:
Georgia Vascular Society, Inc.
c/o Burkhardt Planning & Consulting
2520 Vestal Parkway East #238, Vestal, NY 13850
(678) 242-5273 / Fax: (678) 805-4631
liz@georgiavascularsociety.org

To the Executive Council of the Georgia Vascular Society, I hereby make application for membership in the Georgia Vascular Society. Date of Application:_____

PERSONAL INFORMATION (please print or type)

_____
Last Name First Middle

AMA Medical Education #: _____GA Medical License #: _____

Sex: ☐ Male ☐ Female Date of Birth:_____/ _____/ _____ Spouse Name: _____

Citizenship:_____

MAILING INFORMATION

Please provide both addresses for our personal use. Do you prefer to receive mail at ☐ OFFICE ☐ HOME

_____
Office Address Home Address

_____
Office City/State/Zip Home City/State/Zip

_____
Office Phone Office Fax Home Phone Home Fax

_____
Office Email Address Home Email Address

EDUCATION

Pre-Medical School: _____ Date: _____

Degree: _____

Medical School:_____ Date:_____ ☐ MD ☐ DO

Residency: _____ Date: _____

Fellowship: _____ Date:_____

Other Educational or Research Experiences: (May Be Listed Separately)_____

_____

PUBLICATIONS

Publications: (May Be Listed Separately) _____

_____

CONTINUED ON NEXT PAGE

PRACTICE AFFILIATIONS

Practice limited to _____% given to Vascular Surgery

Narrative of Practice Experiences Since Completion of Training: (May be listed separately) _____

_____

HOSPITAL AFFILIATIONS

1. Hospital (Primary) _____City: _____

2. Hospital (Secondary) _____City: _____

PROFESSIONAL AND SCIENTIFIC SOCIETIES

_____

_____

BOARD CERTIFICATIONS

1. Name of Board: _____

Certified in _____Date:_____

2. Name of Board: _____

Certified in _____Date:_____

Date Certified in Special Qualifications in Vascular Surgery: _____

Date of Fellow of American or Royal College of Surgeons: _____

PAY BY CREDIT CARD

Amount Due: $150.00 ☐ Visa ☐ Master Card ☐ American Express

Name on Card:_____ Exp. Date:_____

Amount:_____ Card #:_____ CVV/CVC:_____

Signature:_____

The endorsement, deposit or negotiation of an applicant's check does not constitute admission into or acceptance of membership by the GVS. Checks received will routinely be negotiated and deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a check refunding the amount submitted with the application.

REQUIRED ATTACHMENTS

1. Copy of Residency/Fellowship Certificate
2. Copies of Board Certifications and ACS Fellowship
3. Completed Worksheet (on page 3) of major vascular reconstructive procedures performed in past 12 months.
4. One letter of recommendation from a Georgia Vascular Surgeon.

I agree, if elected, to attend the meetings of the Society and to contribute by presentations and discussions.

Signature: _____

Typed Name: _____

SEND

www.GeorgiaVascularSociety.org

Georgia Vascular SOCIETY

CASES FOR THE PAST 24-MONTH PERIOD	NO. OF CASES
AAA Repair by Open or Stent Graph	
Carotid Endarterectomy or Stent	
Extremity Revascularization either Open or Endovascular	
Major Vessel Repair for Trauma	
Angiography of Venous or Arterial System or Dialysis Access with or without Intervention	
Major Amputation above the Ankle or Wrist	
Dialysis Access Creation by Fistula, Shunt or Catheter	
Other:	
Other:	
Other:	