



Georgia Vascular Society

Associate Membership Application

*Please Return Application and Application Fee of \$150.00 to
 Georgia Vascular Society
 c/o Burkhardt Planning and Consulting, LLC
 2520 Vestal Parkway East #238
 Vestal, NY 13850
 (678) 242-5273 / Fax: (678) 805-4631*

- ARNP** **PA** **RN** **RVT**

(Please check which allied health degree you are licensed under)

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

Date of Application: _____

Physician with whom you practice: _____

PERSONAL INFORMATION (please print or type)

 Last Name First Middle

Gender: Male Female Date of Birth: _____ / _____ / _____

Spouse Name: _____ Citizenship: _____

Sponsoring Member of Georgia Vascular Society: (Must have two sponsors).

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 Home Phone

Office FAX Home FAX

Office Email Address Home Email Address

EDUCATION

School: _____ Date: _____

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

Publications: (May Be Listed Separately) _____

PRACTICE/HOSPITAL AFFILIATIONS

Practice Name: _____

Hospital (Primary): _____

City: _____

2. Hospital (Secondary): _____

City: _____

PROFESSIONAL AND SCIENTIFIC SOCIETIES

GEORGIA LICENSING BOARD

Georgia License Number: _____ Date Issued: _____

Licensing Board: _____

PAY BY CREDIT CARD

Amount Due: \$150.00

Name on Card: _____ Exp. Date: _____

Visa Master Card American Express Discover

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

Signature: _____

The endorsement, deposit or negotiation of an applicant's payment does not constitute admission into or acceptance of membership by the GVS. Payments 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. Two letters of recommendation from Georgia Vascular Society members. One letter must be from the physician that you practice with.
- 2. Copy of Georgia License

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

Signature: _____

Typed Name: _____