

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: _____