



# MEMBERSHIP APPLICATION

**Please Return Application and Fees of \$350.00 to:**  
**Georgia Vascular Society, Inc.**  
**c/o Burkhardt Planning & Consulting**  
**2520 Vestal Parkway East #238, Vestal, NY 13850**  
**(607) 754-2765 / Fax: (850) 907-1230**  
**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

\_\_\_\_\_  
Group Practice Name Cell Phone

\_\_\_\_\_  
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: \$F50.00     Visa     Master Card     American Express

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Card #: \_\_\_\_\_

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.*

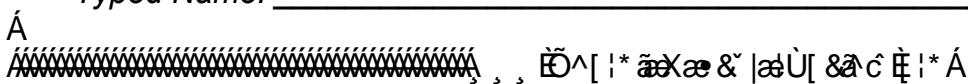
**REQUIRED ATTACHMENTS**

- 1. Copy of Residency/Fellowship Certificate
- 2. Copies of Board Certifications
- 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:** \_\_\_\_\_





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	
<i>Other:</i>	
<i>Other:</i>	
<i>Other:</i>	