



# 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





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>  |              |