



APPLICATION FOR MEMBERSHIP

• TO THE BOARD OF DIRECTORS OF THE LOS ANGELES SURGICAL SOCIETY:

I HEREBY MAKE APPLICATION TO THE LOS ANGELES SURGICAL SOCIETY:

NAME _____ AGE _____
(LAST NAME) (FIRST NAME)

PLACE OF BIRTH _____ DATE OF BIRTH _____

RESIDENCE _____ TELEPHONE # _____
(NUMBER AND STREET)

(CITY, STATE, ZIP) NAME OF SPOUSE _____

PRIMARY OFFICE _____ TELEPHONE # _____
(NUMBER AND STREET)

FAX# _____

(CITY, STATE, ZIP)

I HAVE IDENTIFIED THE FOLLOWING MEMBERS OF THE LOS ANGELES SURGICAL SOCIETY WHO MAY BE CONTACTED AS A REFERENCE FOR MY APPLICATION FOR MEMBERSHIP:

PRIMARY SPONSOR _____

ADDITIONAL SPONSOR _____

ADDITIONAL SPONSOR _____

FOR OFFICE USE ONLY

LTR REC'D _____

LTR REC'D _____

LTR REC'D _____

INTERVIEW _____

APPLICATION RECEIVED: _____, 19 _____

ACTION OF BOARD: _____

ACTION OF SOCIETY: _____

LOS ANGELES SURGICAL SOCIETY
4929 WILSHIRE BLVD., SUITE 428
LOS ANGELES, CA 90010

TELEPHONE: (323) 937-5514
FAX: (323) 937-0959

• **MEDICAL SCHOOL EDUCATION:**

• **RESIDENCY AND OTHER GRADUATE TRAINING (with dates):**

• **PROFESSIONAL HISTORY SINCE RESIDENCY: (Include dates, locations, association with other surgeons, etc.):**

• **CALIFORNIA MEDICAL LICENSE: NUMBER _____ DATE ISSUED _____**

• **MAJOR FIELD OF SURGERY: _____**

• **LENGTH OF PRACTICE IN LOS ANGELES AREA _____**

• **PRIMARY BOARD CERTIFICATION _____**

DATE _____ CERTIFICATE NUMBER _____

RECERTIFICATION _____

OTHER BOARD CERTIFICATION _____

- **AMERICAN COLLEGE OF SURGEONS (or equivalent)**

MEMBERSHIP DATE _____

NUMBER _____

- **MEMBERSHIP IN OTHER SOCIETIES:**

- **HOSPITAL APPOINTMENTS:**

- **TEACHING APPOINTMENTS:**

- **PUBLICATIONS (list below or use additional pages as necessary)**