**ST. LOUIS SURGICAL SOCIETY founded in 1892**

**APPLICATION FOR MEMBERSHIP**

**The St. Louis Surgical Society**

**Basic Requirements for Membership**

* **Applicants for active membership must be of good moral character and shall abide by the Code of Ethics established by the American Medical Association**
* **Applicants must be engaged in the practice of surgery**
* **Applicants must be certified by the American Board of Surgery or other appropriate Specialty Board.**

1. Name:
2. Date and Place of Birth:
3. Address Office:

Residence (if different from above):

1. Telephone (Area code and number)

Office       FAX:

Residence:

**Email:**

Administrative Assistant contact information:

1. Premedical Education: (include institution, dates attended, degree)

Medical Education:

Postgraduate Education: (Chronological List of Institutions, Positions, Including

Dates of Internship, Residency, Fellowship and Advanced Degrees)

Medical Licensure (State, Date, License Number):

Certified by American Board of Surgery: Date:     Certified#:

Certified by Other Specialty Board: Date:     Certified#:

Recertification: Date:     Certified#

Fellows of American College of Surgeons:     Date

1. Current Hospital Staff Appointments:
2. What percentage of your practice is general surgery?
3. What is your primary specialty     Other?
4. Reference: Please submit one letter of reference from an Active or Life member of the St. Louis Surgical Society. Name:

Address:

Email:

**“I hereby attest that the above information is true and that, if accepted, I will abide by the rules and regulations of the St. Louis Surgical Society.”**

**Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(electronic signature will be accepted)**

**Instructions to Applicant:**

* **Review requirements for membership and fill out application completely.**
* **Obtain one letter of reference from an Active or Life Member of the St. Louis Surgical Society and have the member email it to** [**stlouissurgicalsociety@gmail.com**](mailto:stlouissurgicalsociety@gmail.com)**.**
* **Please send your application and your CV electronically to stlouissurgicalsociety@gmail.com.**
* **Membership dues are as follows: $100.00 for the first year for Physicians new to the area and within the first 2 years of beginning practice. After that dues increase to $175.00.**

**Dues may be paid electronically by clicking on the following link:** [**https://www.saintlouissurgicalsociety.org/store**](https://www.saintlouissurgicalsociety.org/store)

* **Dues are to be paid every year by November 1st.**

**Update: 2/22/2019**