



Midwestern
Vascular Surgical
Society
19 North Street
Salem, MA 01970

Midwestern Vascular Surgical Society

Application for Associate Membership

The Midwestern Vascular Surgical Society is a professional organization and regional vascular society, whose purpose is to broadly represent vascular surgeons in the Midwest Region of the United States.

Associate Members shall consist of allied health care professionals who have a major interest in peripheral vascular surgery and/or endovascular interventions. This group will include vascular nurses, registered vascular technicians, and physician assistants. Associate members shall pay dues, but shall have no voting privileges and are not eligible for election to office.

Application Process

1. Applicants should request and complete an Application for Associate Membership. The application should be forwarded along with a curriculum vitae, if available, to the Society's Administrative Office. Deadline for receipt of the application is May 1st.
2. Applicants must identify one Member of the Midwestern Vascular Surgery Society to serve as their Sponsor. This person should be familiar with the candidate's training, clinical work and present standing in his/her medical community. This individual may be a partner, member of the applicant's professional group, or the training Program Director. The Applicant should contact the Sponsor and request that a Letter of Recommendation, addressed to the Membership Committee, or a Candidate Endorsement Form*, be forwarded to the Society's Administrative Office.
3. Please direct inquiries to the Society's Administrative Office.

Midwestern Vascular Surgical Society
19 North Street
Salem, Massachusetts 01970
Tel: (978) 745-8331
Fax: (978) 745-8334
Email: mvs@bostonbased.com
URL: www.mvss.org

* *Candidate Endorsement Form available on the website www.mvss.org*



Midwestern
Vascular Surgical
Society
19 North Street
Salem, MA 01970

Midwestern Vascular Surgical Society

Application for Associate Membership

GENERAL INFORMATION:

Name: _____ Degree _____

Title: _____

Occupation: _____

Business Address: _____
(Please include name of organization)

(Number and Street)

(City, State/Province, Zip Code)

Telephone: (_____) - _____ Fax (_____) - _____

E-mail: _____

Home Address: _____

(City, State/Province, Zip Code)

Telephone: (_____) - _____ E-mail _____

ACADEMIC DEGREES, YEAR AND UNIVERSITY

LICENSURE/REGISTRATION/CERTIFICATION ~ List current credentials for your field



Midwestern Vascular Surgical Society

Application for Associate Membership (pg 2)

CURRICULUM VITAE

Please include your Curriculum Vitae outlining your professional background, publications, presentations and/or research grants.

Please identify a member of the Midwestern Vascular Surgery Society to act as your Sponsor:

SPONSOR _____

PLEASE PRINT

Applicant Signature: _____ Date: _____

APPLICATION DEADLINE: May 1st
Send Application and required documentation to:

Midwestern Vascular Surgical Society
19 North Street
Salem, Massachusetts 01970