



CANDIDATE FOR MEMBERSHIP ENDORSEMENT FORM

**MIDWESTERN
VASCULAR
SURGICAL
SOCIETY**

DATE: _____

TO: **MWVSS Membership Committee** _____

FROM: _____
(Print)

CANDIDATE'S NAME: _____
(Print)

I am familiar with the above candidate's surgical practice as well as the Society's appropriate membership criteria and consider this individual to be ethical and practicing high quality vascular surgery.

I have no hesitation in recommending this individual for (Active, Associate, Candidate-Resident/Fellow) membership in the Midwestern Vascular Surgical Society.

19 North Street
Salem, MA 01970

(Signature)