

**NEW ENGLAND SOCIETY OF COLON AND RECTAL SURGEONS
MEMBERSHIP APPLICATION**

NAME: _____

SPOUSE: _____

HOME ADDRESS: _____ **CELL**
Phone _____

OFFICE ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL (home or work): _____

MED SCHOOL: _____ **YR OF GRAD:** _____

UNDERGRAD: _____ **DEGREE:** _____ **YR OF GRAD:** _____

INTERNSHIP: _____ **YEAR(S):** _____

RESIDENCY: _____ **YEARS:** _____

COLON & RECTAL FELLOWSHIP: _____

CERTIFICATION: ABS: _____ **YEAR:** _____
ABCRS: _____ **YEAR:** _____

ARE YOU A MEMBER OF:	YES	NO
STATE MEDICAL SOCIETY	_____	_____
COUNTRY MEDICAL SOCIETY	_____	_____
AMERICAN MEDICAL SOCIETY	_____	_____
AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS	_____	_____

**HOW MANY MEETINGS OF THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS
HAVE YOU ATTENDED?** _____

HAVE YOU PUBLISHED ANY ORIGINAL PAPERS ON COLON AND RECTAL SURGERY? _____
IF YES, PLEASE INCLUDE BIBLIOGRAPHY with CV.

HOSPITAL AFFILIATIONS (WITH POSITION AND LENGTH OF SERVICE):

SIGNATURE

THIS APPLICATION MUST BE SIGNED BY TWO MEMBERS:

_____ **MD** _____ **MD**

**PLEASE RETURN THIS FORM, CV AND
CHECK FOR \$200 TO:**
**or via mc/visa includes credit card
fee \$207.15**
contact Tina 4-5pm Wednesday or Friday

NESCRS
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