

**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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