

**FREDERICK A. COLLER SURGICAL SOCIETY
APPLICATION FOR MEMBERSHIP**



TO THE COUNCIL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

I hereby make Application for Membership in the Frederick A. Collier Surgical Society.

_____ Last Name First Name Middle Name

_____ Address City State Zip

_____ Telephone Email Address

Date and Place of Birth: _____

Are you a Citizen of the United States of America or Canada? _____

If a Naturalized Citizen, state where and when you were Naturalized: _____

_____ , M.D.
Date of Application Applicant Signature

TO THE COUNCIL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

I vouch for _____, M.D., of _____
and recommend him/her to Active Membership.

Sponsored by: _____
Coller Society Member Signature Date

Society Record-Date Application Received _____

Action of Council _____ Recommended _____
Deferred _____

Action of Society _____ Not Recommended _____
Deferred _____

Roster No. _____ Membership Certificate Issued _____ Date _____
Elected YES NO Date _____

Signature _____
Secretary

I SUBMIT THE FOLLOWING DATA CONCERNING MY MEDICAL EDUCATION
AND SURGICAL TRAINING.

1. Premedical education:

UNIVERSITY OR COLLEGE	MONTH/YEAR	MONTH/YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

2. Medical education:

	MONTH/YEAR	MONTH/YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

3. Internship:

HOSPITAL	MONTH/YEAR	MONTH/YEAR
_____	_____	_____

4. Training following Internship

a. Residency

	MONTH/YEAR	MONTH/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Fellowship

_____	_____	_____
_____	_____	_____

c. Association with a Member of this Society

- 1) With whom? _____
- 2) When? _____
- 3) How affiliated? _____

5. Other Professional Experience such as Basic Science, Private Practice, Investigative Work, and any Special Awards.

6. Present Hospital Staff Appointments:

7. Present Medical School Appointments:

8. Practice Limited to:

9. Medical and Surgical Society Memberships:

10. Fellow American College of Surgeons (date elected) _____

11. Certification by American Board of Surgery or Board of Allied Specialists:

NAME OF BOARD

DATE CERTIFIED

_____ Date

_____, M.D.
Signature

12. Contributions to Medical and Surgical Literature. (List those Publications which have appeared to have been accepted for publication in National and State Journals. Give name of Journal and date of publication.)

13. If application is accepted, name to appear on certificate as follows.

Name _____

14. Please attach Curriculum Vitae.

15. Please include sponsorship letter from a Coller Society Member.