

**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: _____ Date _____
Coller Society Member Signature

Society Record-Date Application Received _____

Recommended _____

Action of Council _____ Deferred _____

Not Recommended _____

Action of Society _____ Deferred _____

Elected YES NO Date _____

Roster No. _____ Membership Certificate Issued _____ 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. 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.)

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

Name _____

12. Please attach Curriculum Vitae.

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

Submit completed form to collersurgicalsociety@gmail.com or F.A. Coller Surgical Society, PO Box 1711 Ann Arbor, MI 48106.