



RHODE ISLAND CHAPTER *of the*
AMERICAN COLLEGE OF SURGEONS
PROVIDENCE SURGICAL SOCIETY

ATTN: MEGAN TURCOTTE
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MEMBERSHIP APPLICATION

NAME IN FULL

DATE OF BIRTH

OFFICE ADDRESS

OFFICE PHONE

HOME ADDRESS

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

MEDICAL SCHOOL GRADUATION YEAR

INTERNSHIP YEARS

SURGICAL RESIDENCY YEARS

FELLOWSHIP YEARS

HOSPITAL AFFILIATIONS
(INCLUDING PRIVILEGES
AND YEARS)

ACADEMIC APPOINTMENTS

SURGICAL SPECIALTY(IES)

ABMS BOARD CERTIFICATION YEAR

SOCIETY MEMBERSHIPS

SPECIAL INTERESTS
AND EXPERTISE

WOULD YOU BE INTERESTED IN PARTICIPATING IN A SPEAKERS BUREAU?

- YES
- NO

IF YES, IN WHAT SUBJECTS?

- ACS STATUS FELLOW
- ASSOCIATE FELLOW
- CANDIDATE GROUP

I AGREE TO BE GOVERNED BY THE CONSTITUTION AND BY-LAWS OF THE
RI CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS/PROVIDENCE SURGICAL SOCIETY.

SIGN OR TYPE YOUR NAME DATE