



MEMBERSHIP APPLICATION

Association of Women Surgeons

5204 Fairmount Avenue, Suite 208, Downers Grove, IL 60515 ♦ www.WomenSurgeons.org
Phone: 630-655-0392 ♦ Fax: 630-493-0798 ♦ info@WomenSurgeons.org

First Name: _____ MI: _____ Last Name: _____ M.D. D.O.

Status with the American College of Surgeons: Fellow Initiate Associate Candidate Not a member

Work:

Affiliation/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Home:

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Preferred Mailing Address: Office Home

May we send you AWS materials by fax? Yes No May we send you AWS materials by email? Yes No

Indicate Membership Category (see back for category descriptions):

- | | | | | |
|-----------------------------------------|---------------------------------------------------|-------------------------------------|---------|---|
| <input type="checkbox"/> Regular Member | \$ 200 | <input type="checkbox"/> Lifetime | \$3,000 | |
| <input type="checkbox"/> Resident | \$ 25 | <input type="checkbox"/> Emeritus | \$ 0 | |
| <input type="checkbox"/> Student | \$ 15 | <input type="checkbox"/> Associate | \$ 150 | |
| <input type="checkbox"/> New Surgeon | \$ 125 | <input type="checkbox"/> Missionary | \$ 0 | → |
| <input type="checkbox"/> Institutional | \$ 500 (please use Institutional Membership Form) | | | |

- Optional subscription:** *American Journal of Surgery*. Special reduced rate of \$50 per year for U.S. residents and \$75 per year for international subscribers. (Subscription included with Regular and New Surgeon memberships.) →

- I would like to make a **contribution to the AWS Foundation**. →

- I would like to make an **additional contribution to the AWS Foundation**:

- One-time contribution amount: \$ _____
- 12-month pledge:
 - \$25 a month (equal to \$300 a year)
 - \$50 a month (equal to \$600 a year)
 - Other; please charge my credit card once a month for 12 consecutive months in the amount of \$ _____ for a total donation of \$ _____.

- Missionary members are unable to afford a membership. Indicate your intent to help **sponsor a missionary membership**. (Suggested donation is \$100.) →

Payment Information	
	AMOUNT
Membership	\$ _____
AJS Subscription	\$ _____
AWS Foundation Contribution (Optional)	\$ <u>50.00</u>
Additional Foundation Contribution	\$ _____
Missionary Sponsor	\$ _____
TOTAL AMOUNT U.S. Funds	\$

Method of Payment: Return this application to the AWS Office via fax or mail.

Check (payable to AWS) Visa MasterCard American Express

Credit Card #: _____

Exp. Date: _____

Signature: _____

(signifies authorization to charge credit card)

Membership dues to AWS are not tax deductible as charitable contributions. Dues payments may be deducted as ordinary and necessary business expenses. \$50 of Regular and New Surgeon dues covers a subscription to the *American Journal of Surgery*. None of the dues are allocable to lobbying expenses.

Your charitable contribution to the AWS Foundation is tax deductible to the extent allowable by law. Consult your tax advisor for further advice.

Practice: Academic Faculty Hospital Based Multidisciplinary Group
(✓ one) VA Military Solo Practice Surgical Group
HMO Retired

Surgical Specialty: Breast Gynecology Ophthalmology Transplant
(✓ all that apply) Cardiothoracic Laparoscopy Otolaryngology Urology
Colorectal Neurosurgery Pediatric Surgery Vascular
Dermatology Nutrition Plastics/Reconstruction
Endocrine Oncology Trauma/Critical Care
General Surgery Orthopedics
Other: _____

Areas of Special Interest/Expertise: _____

Medical School: _____ Year Graduated: _____

Residency (Institution): _____ Date Completed: _____

Fellowship (Institution): _____

Board Certification (specialty): _____ Year: _____

Recertification (specialty): _____ Year: _____

Special Certification: _____ Year: _____

Academic Rank/Appointment: _____

I am interested in volunteering to serve on an AWS committee: Yes Not at this time

I am interested in serving as a mentor: Yes Not at this time

Medical Organization Memberships & Positions held: _____

Membership Categories

Regular: Regular membership is open to all surgeons. Regular members may vote and may hold office. Includes annual subscription to the *American Journal of Surgery*.

Resident: Resident membership is open to surgical interns, residents or fellows in training. Residents may vote and hold office.

Student: Student membership is open to all students in medical school with a career interest in surgery. Student members may not vote or hold office.

New Surgeon: Reduced membership is available to new surgeons (former Members-in-training) for their first two years out of residency or fellowship training. New Surgeon members may vote and hold office. Includes annual subscription to the *American Journal of Surgery*.

Lifetime: Lifetime membership is open to regular members only, with a one-time membership fee charge. All benefits of a regular member apply.

Emeritus: Emeritus membership is open to retired member surgeons and is granted by the AWS Council. Emeritus members may not vote or hold office. Emeritus membership must be accompanied with a letter of request for Emeritus status. Your request will be reviewed by the Council and you will be notified of approval.

Associate: Associate membership is open to any individual supportive of the mission of the Association. Associate members may not vote or hold office.

Institutional: Membership is available per institution. Each membership includes an unlimited number of AWS memberships for the residents enrolled in your residency program, advertising on the web site for faculty positions, and all other AWS member benefits. Please request and complete the *Institutional Membership Application form*.

Missionary: Membership is open to surgeons working as a missionary and is granted by the AWS Council. Missionary members may not vote or hold office. Applications must be accompanied with a letter of request for Missionary status. Requests will be reviewed by the Council and you will be notified of approval.