



Georgia Surgical Society
Office of the Secretary-Treasurer
95 Collier Rd
Suite 6015
Atlanta, Georgia, 30309
Phone #: 404-355-4848
Secure Fax: 404-614-4257

Georgia Surgical Society Candidate for Membership Information Form

Please Print

Name: _____ Date of Birth: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

Home Address: _____

Home Phone #: _____ Cellphone #: _____

E-Mail Address: _____ Name of Spouse: _____

Undergraduate College: _____ Class of _____ Degree: _____

Medical College: _____ Class of: _____

Post Graduate Training: _____

Certified by Am. Bd of _____ on _____ Certificate No.: _____
(Date)

Re-certified _____ on _____
(Date)

Faculty Appointments: _____

Present Active Medical Staff Appointments: _____

Present type of practice (Solo, partnership, specialty, etc.): _____

Date of entering private practice in Georgia: _____
(Date)

Contributions to Literature: _____

I hereby certify that I will not engage in any form of "fee splitting" or "ghost surgery" and will oppose these forms of Surgical Practice at every opportunity.

Signed: _____
(Signature of Candidate)

PLEASE ENCLOSE BLACK & WHITE PHOTO BELOW

Proposing Member: _____
(Signature)

(Please Print Name)

Sponsoring Member: (1) _____
(Signature)

(Please Print Name)

Sponsoring Member: (2) _____
(Signature)

(Please Print Name)

(Do NOT write below this line)

Recommendation of Council: _____ Approved _____ Denied on: _____
(Date)

Action of Society: _____ Elected _____ Rejected on: _____
(Date)

Signed: _____
Secretary, Georgia Surgical Society (Signature)