



Georgia Surgical Society  
Office of the Secretary-Treasurer  
550 Peachtree St. NE  
Medical Office Tower, 9th Floor  
Atlanta, Georgia, 30308  
Phone : 404-686-2163  
Secure Fax: 404-686-4560

## 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 \_\_\_\_\_ Date: \_\_\_\_\_

Certificate No.: \_\_\_\_\_ Date: \_\_\_\_\_

Re-certified \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Appointments:

\_\_\_\_\_

Present Active Medical Staff Appointments:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Date of entering private practice in Georgia: \_\_\_\_\_

**Contributions to Literature:**

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**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

**Date:** \_\_\_\_\_

**Action of Society:** \_\_\_\_\_ Elected \_\_\_\_\_ Rejected

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Secretary, Georgia Surgical Society (Signature) Date**