

Membership Application

APPLICATION FOR MEMBERSHIP IN THE INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS

_____ hereby applies for membership in the Indiana Chapter of the American College of Surgeons. If accepted by the Executive Council, the undersigned agrees to abide by the Bylaws of the organization. The undersigned understands that failure to pay the annual membership fee is cause for termination of the undersigned's membership by the Executive Council.

Dated this _____ day of _____ 20__

_____ Printed signature

_____ Written signature

_____ \$125 Active Fellow	_____ \$0 Resident Member
_____ \$ 62.50 Associate Fellow	_____ \$0 Medical Student Member
_____ \$ 62.50 Affiliate Member	_____ \$ 0 Retired/Senior*

* Senior is age 70+ and still in practice

Please return your completed form and membership fee check (if applicable) made payable to the Indiana Chapter, ACS to:

Tom Dixon, Chapter Executive

Indiana Chapter, ACS

49 Boone Village # 274

Zionsville, IN 46077

TEL (317) 698-2105

dixonest71@gmail.com

FOR USE BY THE INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, INC. ONLY.

ACCEPTED BY:

DATED

ACCEPTED BY: _____ DATED _____
_____ Secretary/Treasurer, Indiana Chapter, ACS