

AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY

Associate Membership Application

Associate members must:

1. May hold any citizenship in any country
2. be individuals involved in reconstructive microvascular surgery through teaching, research or patient care and who are not otherwise qualified for Active membership
3. be proposed and sponsored in the same manner as candidates for Active membership.
4. have attended one previous annual meeting of the Society prior to application.

Rights and duties of Associate members: They may attend scientific meetings and social functions, and may serve on committees. Associate members cannot vote or hold office. Failure to pay dues for two (2) consecutive years shall result in termination of membership.

Please type or print this application

PERSONAL DATA

Name

Office Address
City/State/Zip Code
Office Telephone
Office Fax
E-Mail

Home Address
City/State/Zip Code
Home Telephone
Date of Birth/Place of Birth
Citizenship
Name of Spouse

PROFESSIONAL QUALIFICATIONS

<i>Undergraduate</i> Name

Location
Dates/Degree

<i>Graduate School</i> Name
Location
Dates/Degree

<i>Post-Graduate</i> Name
Location
Dates/Degree

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Date Admitted	Organization

HOSPITAL AND UNIVERSITY STAFF AFFILIATIONS

From / To	Hospital or University and Department	Name of Chief of Service	Your Position

PROFESSIONAL ACTIVITIES

How long in present position?

PUBLICATIONS:

List each of your publications related to microneurovascular surgery, including the title, author(s), journal inclusive pages, and year. Attach additional information if necessary. Submit one copy of each paper with your application.

1.
2.
3.
4.

PRESENTATIONS RELATED TO MICRONEUROVASCULAR SURGERY

Include title of meeting, title of presentation, location, and date. Attach additional information if necessary.

1.
2.
3.
4.

ATTENDANCE AT PREVIOUS ANNUAL MEETING(S)

Attendance at a previous Annual Meeting of the American Society for Reconstructive Microsurgery is required for application eligibility. Please list annual meetings you have attended:

1.
2.
3.
4.

INSTRUCTIONS

Candidates for membership must be sponsored by one Active member of ASRM, and endorsed by two other Active members. It is recommended that one of these individuals be from the candidate's local geographical area. Each sponsor and endorser will be contacted by the ASRM Central Office for a statement of support on behalf of the candidate.

Sponsor

Name
Email Address

Endorser #1

Name
Email Address

Endorser #2

Name
Email Address

Other letters of recommendation from those familiar with your professional activities are welcomed. The Membership Committee is particularly interested in receiving letters from chiefs of service of the hospitals, clinics, and universities in which you have trained and worked.

Send, to the address, below your completed, signed application along with the following:

1. Reprints of your published work in microsurgery.
2. A copy of your current curriculum vitae.
3. Any other information which may be of relevance to the Membership Committee.
4. Current black and white photograph.

Signature of Applicant _____

Date _____

Send your completed application to:

American Society of Reconstructive Microsurgery
Central Office
20 N. Michigan Avenue, Suite 700
Chicago, IL 60602
(312) 456-9579

Fax (312) 782-0553

Email contact@microsurg.org

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