

AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY

Candidate Membership Application

Candidate members must:

1. Shall express an interest in microsurgery
2. Applicants must be enrolled in or completed a residency program that includes microsurgery training.
3. Candidate member must apply for Active membership status within 1 year of board certification otherwise there will be a loss of membership.
4. Applicants are to be proposed and sponsored by an Active or Associate member.

It is recommended that candidates have published or presented papers in recognized forums or publications. Other letters of recommendation from those familiar with your professional activities are welcomed.

Rights and duties of Candidate members:

Candidate members may attend scientific meetings and social functions. Candidate members may not serve on committees, vote, or hold office. This category is valid for 5 years.

Please type or print this application

Active _____ Associate _____ Corresponding _____ Candidate X

PERSONAL DATA

Name and Designation(s)
Office Address
City/State/ZipCode
Office Telephone
Office Fax
E-Mail
Home Address
City/State/ZipCode
Home Telephone
Please indicate your preferred mailing address: Home or Office
Date of Birth/Place of Birth
Citizenship
Name of Spouse

PROFESSIONAL QUALIFICATIONS

<i>Pre-medical School</i> Name
Location

Dates/Degree

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

<i>Internship or PGY 1</i> Name
Location
Dates/Type

<i>Residency</i> Name
Location
Dates/Type

<i>Residency</i> Name
Location
Dates/Type

RESIDENCY TRAINING IN MICRONEUROVASCULAR SURGERY

Inclusive Dates	Location	Names of Director of Training Program

POST-RESIDENCY TRAINING IN MICRONEUROVASCULAR SURGERY

Inclusive Dates	Location	Names of Director of Training Program

Practice Start Date (if applicable)	Location

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Date Admitted	Organization

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)

Please list ASRM annual meetings you have attended:

- 1.
- 2.
- 3.
- 4.

THE YOUNG MICROSURGEONS GROUP

The vision of the Young Microsurgeons Group is to unite young microsurgeons through active membership in the society and to enhance the voice and representation of younger members in the society. The Young Microsurgeon's Group will help coordinate educational experiences tailored to their membership and have a voice on select ASRM committees. Social activities will also be organized to foster camaraderie and provide opportunities to meet and interact with more senior members.

YES I would be interested in participating in the YMG

No thank you

INSTRUCTIONS

Candidates for membership are to be proposed and sponsored by one Active or Associate member of the ASRM. The sponsor must sign the original application form if he/she agrees with the following statement: "This is to certify that the applicant is of sound moral and ethical standing. I support his candidate membership in the ASRM."

Sponsor

Name
Address
Signature

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. A copy of your current curriculum vitae.
2. Any other information which may be of relevance to the Membership Committee.
3. 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

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