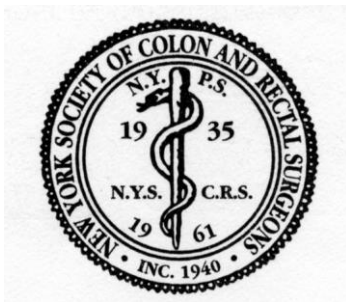


NEWYORKSOCIETYOF COLONANDRECTALSURGEONS,INC.



Application for Membership

NAME _____
(Last) (First) (Middle)

ADDRESS _____

PHONE _____ E-MAIL _____

PLACE & DATE OF BIRTH _____

A. FORMAL EDUCATION:

1. Premedical (institution, degree, date obtained): _____

 2. Medical (institution, degree, date obtained): _____

 3. PGY-1 (institution, dates): _____
PGY-2 (institution, dates): _____
PGY-3 (institution, dates): _____
PGY-4 (institution, dates): _____
PGY-5 (institution, dates): _____
PGY-6 (institution, dates): _____
Program Director(s): _____
 4. Residency in C&R surgery (institution, inclusive dates): _____

- Program Director: _____

B. CURRENT ACTIVITIES:

1. Please provide titles and references for any publications within the past three years (attach separate sheet if necessary): _____

2. What educations programs and courses applicable to C&R surgery have you attended or participated in during the past three years (attach separate sheet if necessary):

C. ENDORSEMENT

Please request letters of endorsement from a Fellow of the New York Society of Colon and Rectal Surgeons (to be sent with application to the Secretary)

1. _____

If accepted for membership, I agree to be governed by the Charter and By-laws of the New York Society of Colon and Rectal Surgeons, Inc.. I also agree not to participate in fee splitting or any other form of unethical medical practice, fully understanding that violation of this agreement shall render me liable to charges of unprofessional conduct.

(Signature)

(Date)

Attach photograph in this space (optional)