Application for Membership

World Society For Reconstructive Microsurgery

Attach Recent Photograph

Please check which category you are applying for:

☐ Candidate* ☐ Active(Clinician) ☐ Active(Researchers)

*Candidate applicants please complete only those items applicable

Personal Data

(Please TYPE name exactly as you wish it to appear on your certificate, including designations)

Name: _____

Office Address: _____

_____

_____

Office Phone: _____ Office Fax: _____ Email: _____

Research Address(if applicable): _____

_____

Home Address: _____

_____

Home Phone: _____ Home Fax: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

DAY MONTH YEAR

Citizenship: _____ Name of Wife / Husband _____

Present Position: _____

Institution: _____

Profession Qualifications

University: _____ Degree _____ Date _____

Medical School: _____ Degree _____ Date _____

Graduate School: _____ Degree _____ Date _____

Residency: _____ Degree _____ Date _____

Please circle preferred mailing address: Office or Home

Microsurgery Fellowship (not mandatory) (date, location & Director)

1. _____
2. _____

Other Post-Residency Training (not mandatory) (date, location & Director)

_____

_____

_____

_____

Licensed to practice medicine in:	State or Country	Date	License Number

Specialty Boards completed:	Board	Date

Membership in Professional Organizations:

Date Admitted	Organization

Hospital and University Staff Affiliations:

From/To	Hospital or University & Dept	Name of Chief	Your Position

Present Professional Activities

For Clinicians

How long have you been in practice(after Fellowship)? _____

In present location? _____

Number of operations performed last year? _____

How many of these were Microsurgical cases? _____

For Basic Scientists

Please enclose a typewritten list of all research activities, relevant publications to microvascular surgery and sources of funding.

Sponsor

A sponsor is required for all new membership applications. The sponsor must be an active member of the World Society for Reconstructive Microsurgery. The sponsor must write a letter, addressed to the Secretary General, supporting your application.

_____ _____

Sponsor Name(print or type) Signature and Date

_____

Address

Other letters of recommendation from those familiar with your professional activities are welcomed. The committee is particularly interested in receiving letters from chiefs of service of the hospitals, clinics, and universities where you trained and work.

Forward the completed application and requisite enclosures to:

World Society for Reconstructive Microsurgery
Central Office - Attn: Krista Greco
20 North Michigan Avenue, Suite 700
Chicago, IL 60602 USA
FAX 1-312-782-0553
Email kristagreco@isms.org