



THE TOLEDO SURGICAL SOCIETY
5800 Monroe Street Building G Sylvania, OH 43560
phone: 419-885-2525 fax: 419-885-3253
Application for Resident and Affiliate Membership

Resident membership is open to allopathic and osteopathic residents in the surgical specialties.

Affiliate membership is open to surgical nurses, advanced practice nurses, physician assistants, and surgical technologists whose primary work is in the surgical arena.

Name: _____

Date of Birth: _____

Place of Birth: _____

Work Address:

Home Address:

telephone: _____

telephone: _____

email: _____

Name of Contact Person: _____

Preferred correspondence { } work { } home

Applicants must have a member sponsor and one endorser

Sponsor: _____ signature: _____

Endorser: _____ signature: _____

The Toledo Surgical Society Application for Resident and Affiliate Membership

Undergraduate Education

| | Dates | Degree |
|-------|----------------|--------|
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |

Graduate Education

| | | |
|-------|----------------|--------------|
| _____ | _____ to _____ | Degree _____ |
| _____ | _____ to _____ | Degree _____ |

Post Graduate Education

| | |
|-------|----------------|
| _____ | _____ to _____ |
| _____ | _____ to _____ |

Certification: _____

Membership in Professional Societies

I hereby certify that the above information is true and correct. I agree to attend meetings of The Toledo Surgical Society and to contribute to meetings.

_____ Date: _____
signature

Please attach Curriculum Vitae and return by mail or fax to:
The Toledo Surgical Society
5800 Monroe Street Building G
Sylvania, OH 43560
fax: 419-885-3253