



American Society for Metabolic and Bariatric Surgery Membership Application – Candidate Membership

Candidate Membership Requirements

- Current enrollment as a Medical Student, Resident or Fellow in an accredited program of surgical education or research
- The program director must sign the application as verification of participation in an accredited training program
- Submission of a current Curriculum Vitae
- Candidate members must renew their candidate membership on an annual basis. Upon completion of training program, Candidate members should apply for full membership as a Regular, Affiliate or International member.
- **All entries must be completed. Please print or type clearly.**

Contact Information

Applicant's Full Name: _____
(Last) (First) (Middle Initial) (Title/Credentials)

(Company/Organization/Institution) Business Home

(Street Address) (Suite/Room/Department)

(City) (State/Province) (Zip/Postal Code) (Country)

(Business Phone Number) (Business Fax Number) (Cell Phone Number)

(Primary Email) (Alternate Email) (Date of Birth – mm/dd/yyyy) (Citizenship)

Board Certification/Fellowships /Memberships (please check all that apply)

- Certified by the American Board of Surgery
- Certified by the American Board of Osteopathic Surgery
- Fellow of the American College of Surgery
- Fellow of the Royal College of Surgery of _____

- AMA AOA SAGES SSAT Other _____

Education/Training

Currently training as a **Medical Student** **Resident** **Fellow**

Dates of participation: From _____ To _____

Name of Institution _____

Program Director _____

PD Address _____

PD Phone _____

PD Email _____

Signature of Program Director verifying your participation in a training program (required)

Procedures (Please circle the types of bariatric surgeries you perform while in training)

LGBP	Lap Roux-En-Y Gastric Bypass	OGR	Other Gastric Restriction
DGBP	Lap Distal Roux-En-Y Gastric Bypass	LBPD/DS	Lap BPD & Duodenal Switch
BGB	Lap Banded Gastric Bypass	BPD/DS	Open BPD & Duodenal Switch
GBP	Open Roux-En-Y Gastric Bypass	LBPD	Lap BPD
OGBP	Other Gastric Bypass Procedures	BPD	Open BPD
SG	Lap Sleeve Gastrectomy	PED	Patients under 18
LB	Lap Adjustable Banding	FOLL	Willing to Follow Other Surgeons Patients
GB	Open Gastric Banding	REV	Revision/Conversion of Prior Procedure
VBG	Vertical Banded Gastroplasty	N/A	No bariatric procedures performed
SRG	Silastic Ring Gastroplasty		

Membership Dues and SOARD

2012 Candidate dues are complimentary with verification of currently enrollment in an accredited training program. Candidate members will also receive a complimentary subscription to SOARD, Surgery for Obesity and Related Diseases. All candidate members must reapply/renew on an annual basis.

Authorization

I authorize the ASMBS to obtain information from societies, hospital staffs, members and other sources regarding this application and my qualifications for membership which will be kept confidential by the ASMBS. To the best of my knowledge, I state the information on this application to be accurate.

Applicant's signature _____ **Date** _____

Upon submission of a completed application, the application is sent to the ASMBS Membership Committee for review. It can take approximately 4-6 weeks for approval. Pending members are eligible for the reduced member rate for all educational meeting and symposiums. Subscriptions to SOARD will begin after your application is approved.

To remit or for questions and inquiries, please contact Barbara Peck, ASMBS Member and IH Services Director:

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