

THE JOHN STAIGE DAVIS SOCIETY

APPLICATION FOR MEMBERSHIP

NAME: _____ **DATE OF APPLICATION** _____

OFFICE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

TELEPHONE: _____ **FAX:** _____ **EMAIL:** _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

PLACE & DATE OF BIRTH: _____

UNDERGRADUATE DEGREE & DATE: _____

MEDICAL SCHOOL & DATE: _____

INTERNSHIP & DATE: _____

GENERAL SURGERY RESIDENCY & DATES: _____

PRECEPTORSHIP & OTHERS: _____

CERTIFICATION BY AMERICAN BOARDS & DATES: _____

(OVER)

SOCIETY MEMBERSHIPS: _____

PHOTOGRAPH

CURRENT APPOINTMENTS & AFFILIATIONS: _____

LETTERS OF RECOMMENDATION (TWO): _____

ATTACH HERETO A LIST OF SCIENTIFIC PAPERS AND HONORS.

I HEREBY AGREE TO COMPLY WITH THE CONSTITUTION AND BY-LAWS OF THE JOHN STAIGE DAVIS SOCIETY, AND FURTHER AGREE TO PAY ALL DUES AND ASSESSMENTS PROMPTLY.

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE

DATE LETTERS OF RECOMMENDATION RECEIVED: _____

ACTION BY MEMBERSHIP COMMITTEE: _____

ACTION BY EXECUTIVE COMMITTEE: _____