

ACCEPTING MEMBERSHIP IN THE METROPOLITAN PHILADELPHIA CHAPTER

As a member of the American College of Surgeons, you are already preapproved for membership in the Metropolitan Philadelphia Chapter of the American College of Surgeons. There is no lengthy application to complete and no formidable approval process. You have already met the requirements and standards of the American College of Surgeons so your Chapter membership is guaranteed.

All you need to do is complete the attached acceptance form and mail or fax it back to the Chapter office.

Active and Associate Fellow Members are asked to pay minimal annual dues of \$100 to support the efforts of the local chapter in providing benefits useful to the members.

BENEFITS OF ACCEPTING MEMBERSHIP

The Metropolitan Philadelphia Chapter of the American College of Surgeons was established to promote the ideals, policies and programs of the American College of Surgeons, which are dedicated to ensuring the highest standards of surgical care through education of and advocacy for its Fellows and their patients.

Chapter membership is open to all Fellows and Associate Fellows of the College, as well as to members of the Candidate Group and Medical Students. The Chapter provides for a close association of its members in a common effort to improve the quality of surgical care. It also offers a medium through which surgical experiences may be presented and discussed, and constitutes a common ground for specialties in various branches of surgery to communicate with each other. It is through the Chapter that Fellows in the community are able to cooperate with other professionals and with civic groups, third-party carriers, and state government agencies that are concerned with community health care and the socioeconomic and legislative aspects of health care.



METROPOLITAN PHILADELPHIA CHAPTER AMERICAN COLLEGE OF SURGEONS

777 East Park Drive
P. O. Box 8820
Harrisburg, PA 17105-8820
PHONE: (717) 558-7750 ext. 1598
FAX: (717) 558-7841

ACCEPTANCE OF MEMBERSHIP FORM



METROPOLITAN PHILADELPHIA CHAPTER
AMERICAN COLLEGE OF SURGEONS

COMMUNICATIONS

The Chapter has developed a website which will provide a forum to educate members on new practices and trends, announce local and national events, provide legislative updates, and provide detailed reports on Chapter activities. The Chapter will also provide an electronic Newsletter to members. *As a benefit of your membership you will receive informational email communications including the newsletter. We do not sell or otherwise distribute email addresses entrusted to us. If you do not wish to receive communication from the Chapter by email please indicate below.*

ANNUAL DINNER MEETING

The Metropolitan Philadelphia Chapter of the American College of Surgeons and the Philadelphia Academy of Surgery join together each year to host their traditional Joint Annual Dinner Meeting. Attendees enjoy an evening of fellowship and fine food while listening to an array of highly respected, educational speakers. As a member of the Chapter, you are able to attend this yearly event at a reduced rate.

www.metrophiliasurgeons.org

MEMBERSHIP ACCEPTANCE FORM

Yes, I would like to accept membership in the Metropolitan Philadelphia Chapter of the American College of Surgeons. Enclosed are my applicable dues in the amount indicated as follows:

Please Check One:

| | |
|---|-------|
| <input type="checkbox"/> Active Fellow Member | \$100 |
| <input type="checkbox"/> Associate Fellow Member | \$100 |
| <input type="checkbox"/> Candidate Member (surgical resident) | \$ 0 |
| <input type="checkbox"/> Medical Student | \$ 0 |

Last Name _____ First Name _____ MI _____ Suffix (MD, DO, FACS) _____

Preferred mailing address for all MP/ACS correspondence.

This is Office Address Home Address

Street Address _____

Street Address or P.O. Box _____

City _____ State _____ Postal Code _____

Office Phone _____ Home Phone _____

Fax Number _____ Email *Do not use my email address as a means of communication for Chapter news and information.*

Hospital Affiliation _____ Surgical Specialties _____

Board Certifications _____

Return Completed Form and Applicable Payment to:

Metropolitan Philadelphia Chapter, American College of Surgeons
777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820 or Fax with credit card information to: 717-558-7841

Please check method of payment: Check VISA MasterCard

Make check payable to *Metropolitan Philadelphia Chapter, ACS.* Payment must be enclosed with your application.

Card Number _____ 3 or 4 digit number located on back of credit card _____ Exp. Date _____

Signature _____