



Florida Society of General Surgeons

APPLICATION FOR MEMBERSHIP

Fax or Mail Completed Application To:
FSGS - P.O. Box 441745, Jacksonville, FL 32222
904-683-9848 - Fax 904-786-9939

Date _____

Name _____ M.D. D.O.

Date of Birth _____ Male Female Email _____

Office Address _____

City _____ State _____ Zip _____

Office Phone _____ Ext. _____ Office Fax _____

Medical School _____ Year Grad: _____

Residencies: _____ Years _____
_____ Years _____
_____ Years _____

Date Certified by American Board of Surgery: _____

American College of Surgeons Fellowship # _____ Date _____

Other Specialty Board Certifications:

Board _____ Date Certified _____
Board _____ Date Certified _____
Board _____ Date Certified _____

Hospital Appointments _____

I am a Member of _____ County Medical Society.

I am I am NOT a member of the Florida Medical Association.

List Memberships in other National or State Medical Professional Societies _____

- I am applying for ACTIVE Membership. :
Criteria: M.D. or D.O. degree from an accredited school -
Certified by the American Board of Surgery -
Practice must be limited to general surgery
- I am applying for JUNIOR (In-Training) Membership
Criteria: Degreed MD or DO who is serving in a full-time
board certified training program specific to General Surgery
(documentation from chairperson must accompany application).
Within three years of achieving board certification, this
membership shall be converted to Active status.

The name of the Person who referred you:

Membership Dues	
ACTIVE Member & Application Fee.....	\$250.00
JUNIOR (In-Training) Membership.....	\$0.00
Method of Payment	
<input type="checkbox"/> Check	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Amount to Charge: _____	Exp. Date: ____/____/____
Account # _____	
Name on Card _____	
Card Billing Address _____	
Signature: _____	
<small>Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement</small>	

Signature: _____ Date _____