

LA-ACS Membership Application



Louisiana Chapter of the
American College of Surgeons

Last Name..... DOB.....
 First Name..... Middle Name.....
 E-mail.....
 Specialty.....

OFFICE:

Address.....
 City..... State..... Zip.....
 Business Phone..... Business Fax.....
 Office Contact/Manager.....
 Office Contact/Manager E-mail.....

HOME:

Address.....
 City/Zip.....
 Phone..... Fax.....
 E-mail.....

Preferred Mailing Address Office Home

MEMBERSHIP CATEGORY:

- Fellow (\$125.00)**
Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
- Associate Fellow (\$125.00)**
Must be recognized by the American College of Surgeons as an Associate Fellow; category between Candidate Group and Fellowship.
- Resident (No charge)**
Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.

Signature.....

Questions? Contact Janna Pecquet, LA-ACS Executive Director, by email: janna@laacs.org.

PAYMENT INFO (Make check payable to LA-ACS)

Payment Amount
 \$ _____
 Check No. _____
 Credit Card (check one)
 Visa
 MasterCard
 American Express

Name As On Card.....
 Billing Address.....
 Account No..... Exp. Date..... CSC.....
 Signature..... Date.....

Mail or fax application to the Society

NEW ADDRESS!

LA-ACS • 2213 Danny Park • Metairie, LA 70001 • Phone (504) 841-0145 • Fax (504)-335-2266 • f: @LouisianaACS • t: @la_acs

{ SAL } Membership Application



Surgical Association of LA

Last Name..... DOB.....
 First Name..... Middle Name.....
 E-mail.....

Residence.....
 City..... State..... Zip.....

Primary Office Address.....
 City..... State..... Zip.....
 Business Phone..... Business Fax.....
 Office Contact/Manager.....
 Office Contact/Manager E-mail.....
 Name.....
 Address.....
 City/Zip.....
 Business Phone..... Fax.....
 E-mail.....

Medical School..... Dates.....
 Surgical Residency..... Dates.....
 Major Field of Study.....
 Length of Practice in Louisiana.....
 Primary Board Certification.....

Annual membership fee: \$100.00.

Questions? Contact Janna Pecquet, SAL Executive Director, by email: janna@laacs.org.

PAYMENT INFO (Make check payable to SAL)

Payment Amount
 \$ 100.00
 Check No. _____
 Credit Card (check one)
 Visa
 MasterCard
 American Express

Name As On Card.....
 Billing Address.....
 Account No..... Exp. Date..... CSC.....
 Signature..... Date.....

Mail or fax application to the Society

2420 Athania Parkway, Suite 101 • Metairie, LA 70001 • Phone (504) 841-0145 • Fax (504) 335-2266