

Houston Surgical Society | Membership Application

To the Council of the Houston Surgical Society:

I hereby make application for membership in the Houston Surgical Society.

Name (please print): _____ Age: _____

Office Address: _____

Home Address: _____

Date and Place of Birth: _____

Dates of Military Service ____ to ____ Branch of Service _____

Rank _____ to _____ Awards _____

_____, MD

Signature of Applicant

Dues: Active \$200 | Retired \$100 | Inactive \$25 | Corresponding \$35

To the Council of the Houston Surgical Society:

We vouch for the character and standing of _____, MD
and recommend his election to active membership.

Sponsored by: _____

Endorsed by: _____

Please enclose a copy of your CV Resume

Society Record

Date of application received ___/___/___

Action of the Council: Approved Deferred Dropped

Action of the Society: Elected ___/___/___

Rejected ___/___/___

Signed: _____

(Secretary)

Payment is due with your application.

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Please return completed application to: Houston Surgical Society OR email at: LaCoya_Boone@hcms.org
1515 Hermann Dr. OR fax: 713-526-1434
Houston, TX. 77004