

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

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)