



MEMBERSHIP APPLICATION

Association of Women Surgeons

5204 Fairmount Avenue, Downers Grove, IL 60515 ♦ www.WomenSurgeons.org
Phone: 630-655-0392 ♦ Fax: 630-493-0798 ♦ info@WomenSurgeons.org

First Name: _____ MI: _____ Last Name: _____ M.D. D.O.

Status with the American College of Surgeons: Fellow Associate Resident Medical Student Not a member

ACS ID # _____ Are you Board Certified? Yes No

Work:

Affiliation/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Alternate: Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Preferred Mailing Address: Office Home

May we send you AWS materials by fax? Yes No May we send you AWS materials by email? Yes No

Indicate Membership Category (see back for category descriptions):

- | | | | | |
|--|---|-------------------------------------|---------|---|
| <input type="checkbox"/> Regular Member | \$ 225 | <input type="checkbox"/> Lifetime | \$5,000 | |
| <input type="checkbox"/> Resident | \$ 40 | <input type="checkbox"/> Emeritus | \$ 0 | |
| <input type="checkbox"/> Student: Yr of Grad _____ | \$ 20 | <input type="checkbox"/> Associate | \$ 200 | |
| <input type="checkbox"/> New Surgeon | \$ 165 | <input type="checkbox"/> Missionary | \$ 0 | → |
| Institutional | \$ (please use Institutional Membership Form) | | | |

I would like to join an AWS Chapter.

- Virginia Chapter - Please include \$50 Chapter's dues →
- Metropolitan Washington DC Chapter - Please include \$50 Chapters Dues →

Optional subscription: American Journal of Surgery. Special reduced rate of \$50 per year for U.S. residents and \$75 per year for international subscribers. (Subscription included with Regular and New Surgeon memberships.) →

I would like to make a contribution to the AWS Foundation. →

I would like to make an additional contribution to the AWS Foundation:

- One-time contribution amount: \$ _____
- 12-month pledge:
- \$25 a month (equal to \$300 a year) →
 - \$50 a month (equal to \$600 a year) →
 - Other: please charge my credit card once a month for 12 consecutive months in the amount of \$ _____ for a total donation of \$ _____.

Missionary members are unable to afford a membership. Indicate your intent to help sponsor a missionary membership. (Suggested donation is \$100.) →

Payment Information

	AMOUNT
Membership	\$ _____
Chapter Dues	\$ _____
AJS Subscription	\$ _____
AWS Foundation Contribution (Optional)	\$ _____ 50.00
Additional Foundation Contribution	\$ _____
Missionary Sponsor	\$
TOTAL AMOUNT	
U.S. Funds	

Method of Payment: Return this application to the AWS Office via fax or mail.

- Check (payable to AWS) Visa MasterCard American Express

Credit Card #: _____

Exp. Date: _____

Signature: _____

(signifies authorization to charge credit card)

Membership dues to AWS are not tax deductible as charitable contributions. Dues payments may be deducted as ordinary and necessary business expenses. \$50 of Regular and New Surgeon dues covers a subscription to the *American Journal of Surgery*. None of the dues are allocable to lobbying expenses.

Your charitable contribution to the AWS Foundation is tax deductible to the extent allowable by law. Consult your tax advisor for further advice.

Practice: Academic Faculty Hospital Based Multidisciplinary Group VA/Military
(choose one) Solo Practice Surgical Group HMO Retired

Surgical Specialty: Bariatric General Ophthalmology Transplant
Breast Gynecology Orthopedics Trauma/Critical Care
Cardiothoracic Minimally Invasive Otolaryngology Urology
(X'all that apply) Colorectal Neurosurgery Orthopedics Vascular
Dermatology Nutrition Pediatric Surgery
Endocrine Oncology Plastics/Reconstruction

Other: _____

I am interested in volunteering to serve on an AWS committee: Yes Not at this time

I am interested in serving as a mentor: Yes Not at this time

AWS often nominates women to serve in various positions within other medical organizations. Please check all organizations below of which you are a member:

- | | | |
|---|---|--|
| <input type="checkbox"/> American College of Surgeons | <input type="checkbox"/> American Surgical Association | <input type="checkbox"/> Association of Program Directors in Surgery |
| <input type="checkbox"/> American Medical Association | <input type="checkbox"/> Association for Academic Surgery | <input type="checkbox"/> Association of VA Surgeons |
| <input type="checkbox"/> American Medical Women's Association | <input type="checkbox"/> Association for Surgical Education | <input type="checkbox"/> Society of University Surgeons |

Membership Categories

Regular: Regular membership is open to all surgeons. Regular members may vote and may hold office and *includes an annual subscription to the American Journal of Surgery.*

Resident: Resident membership is open to surgical interns, residents or fellows in training. Residents may vote and hold office.

Student: Student membership is open to all students in medical school with a career interest in surgery. Student members may not vote or hold office.

New Surgeon: Reduced membership is available to new surgeons (former Members-in-training) for their first two years out of residency or fellowship training. New Surgeon members may vote and hold office *and includes an annual subscription to the American Journal of Surgery.*

Lifetime: Lifetime membership is open to regular members only, with a one-time membership fee charge. All benefits of a regular member apply.

Emeritus: Emeritus membership is open to any regular AWS member who has maintained a membership for at least three years and who is going to be FULLY retired. Emeritus members may not vote or hold office. Emeritus membership must be accompanied with a letter of request for Emeritus status. Emeritus membership is granted by the AWS Council. Your request will be reviewed by the Council and you will be notified of approval.

Associate: Associate membership is open to any individual who does not qualify for Regular membership but is supportive of the mission of the Association. Associate members may not vote or hold office. An Associate membership application must be accompanied by a letter of request that explains how the applicant will support the AWS Mission. The AWS Council will review all Associate Membership Applications and will notify the applicant.

Institutional: Membership is available per institution. Each membership includes an unlimited number of AWS memberships for the residents enrolled in your residency program, advertising on the web site for faculty positions, and all other AWS member benefits. The faculty sponsor receives a one-year membership for an additional \$100 or for \$150 if they wish to receive a one-year subscription to *AJS*. All other Regular Membership benefits apply to the faculty sponsor's membership. *Please request and complete the Institutional Membership Application form.*

Missionary: Membership is open to surgeons working as a missionary and is granted by the AWS Council. Missionary members may not vote or hold office. Applications must be accompanied with a letter of request for Missionary status. Requests will be reviewed by the Council and you will be notified of approval.