



SOCIETY OF PHILIPPINE SURGEONS IN AMERICA
MEMBERSHIP APPLICATION

Name: _____ Age _____ Sex _____ Marital Status S,M,W,D
Last First Middle circle one

Home Address: _____ City _____ State _____ Zip _____

Office Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Office Phone: _____ Cell: _____

E-Mail _____ FAX: _____

Medical Education _____ Year Graduated _____

Internship: _____ Year Graduated _____

Residency _____

_____ Year Graduated _____

Fellowship: _____ Year Graduated _____

_____ Year Graduated _____

Professional School (non-physician) _____ Year Graduated _____

Licenses: States _____ Flex _____ National Boards _____

Hospital Appointments: _____ Type/Position _____

_____ Type/Position _____

Academic Appointments: _____ Position _____

_____ Position _____

Board Certified in _____ Date _____

Recertified in: _____ Date _____

If not Certified, are you Board Qualified? Yes _____ No _____

Membership in Medical Societies: _____

Reference: Name: _____ Address: _____

Reference: Name: _____ Address: _____

Signature: _____

Categories of Membership (check one that applies)

_____ **Regular Fellow**

Eligible members, who have completed their surgical training in the United States & its Territories or Canada, as well as allied medical specialists whose specialty directly impacts on surgery.

Application Fee - \$150.00

_____ **Associate Fellow**

Individuals who are surgical residents and residents in the allied medical specialty, whose specialty directly impacts the practice of surgery. They can not hold an elective office in the society.

Application Fee - \$100.00

_____ **Allied Member**

Non-physician health care providers who directly impact surgery as a specialty. They however can not hold an elective office in the society.

Application Fee - \$100.00

Please return Form and Fee to Mary E. Zamora, SPSA Coordinator, 3629 Loggerhead Ct., Seabrook Island, SC 29455