



Midwestern Vascular  
Surgical Society  
100 Cummings Center  
Suite 124A  
Beverly, MA 01915

# Midwestern Vascular Surgical Society Candidate Endorsement Form

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Date: \_\_\_\_\_

To: MVSS Membership Committee \_\_\_\_\_

From: \_\_\_\_\_  
Please Print

Candidate's Name: \_\_\_\_\_  
Please Print

I am familiar with the above candidate's surgical practice, as well as the Society's appropriate membership criteria and consider this individual to be ethical and practicing high quality vascular surgery. I have no hesitation recommending this individual for (Active, Associate, Candidate-Resident/Fellow) membership in the Midwestern Vascular Surgical Society.

Signature: \_\_\_\_\_