



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

Midwestern Vascular Surgical Society

Application for Associate Membership

The Midwestern Vascular Surgical Society is a professional organization and regional vascular society, whose purpose is to broadly represent vascular surgeons in the Midwest Region of the United States.

Associate Members shall consist of allied health care professionals who have a major interest in peripheral vascular surgery and/or endovascular interventions. This group will include vascular nurses, registered vascular technicians, radiology technicians, physician assistants and nurse practitioners. Associate members shall pay dues, but shall have no voting privileges and are not eligible for election to office.

Application Process

1. Applicants should request and complete an Application for Associate Membership. The application should be forwarded along with a curriculum vitae, if available, to the Society's Administrative Office.
2. Applicants must identify one Member of the Midwestern Vascular Surgery Society to serve as their Sponsor. This person should be familiar with the candidate's training, clinical work and present standing in his/her medical community. This individual may be a partner, member of the applicant's professional group or the training Program Director. The Applicant should contact the Sponsor and request that a Candidate Endorsement Form* (or Letter of Recommendation) be forwarded to the Society's Administrative Office.
3. Please direct inquiries to the Society's Administrative Office:

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

Telephone: 978-745-8331 **Fax:** 978-745-8334 **Email:** mvs@bostonbased.com

Website: www.midwestvascular.org

**Candidate Endorsement Form available on the website at
www.midwestvascular.org*



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General Information

Name: _____ Degree: _____

Title: _____

Occupation: _____

Organization: _____

Business Address: _____

Telephone: _____ Fax: _____

Email: _____

Home Address: _____

Home Telephone: _____

Home Email: _____

Academic Degree/Year/University

Licensure/Registration/Certification (List current credentials for your field)



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Curriculum Vitae

Please include your Curriculum Vitae outlining your professional background, publications, presentations and/or research grants.

Please identify a member of the Midwestern Vascular Surgery Society to act as your Sponsor:

Sponsor: _____

Applicant Signature: _____ **Date:** _____

Send application and required documentation:

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