



# Midwestern Vascular Surgical Society New Membership Applicant Endorsement Form

---

Midwestern Vascular  
Surgical Society  
100 Cummings Center  
Suite 124A  
Beverly, MA 01915  
978-745-8331  
mvs@bostonbased.com

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

To: MVSS Membership Committee

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

Organization: \_\_\_\_\_  
Please Print

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

I am familiar with the above Applicant'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: *(please circle appropriate category)* **Active, Associate Group, Candidate Group** (for Residents/Fellows) membership in the Midwestern Vascular Surgical Society.

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