

THE BOSTON SURGICAL SOCIETY

MEMBERSHIP APPLICATION

Date of Application _____

Name _____

Address _____

Proposed by:

Members of the
Boston Surgical
Society

In making out this application, please take careful note of the following:

1. The election of new members shall take place at the **December** meeting each year. A two-thirds affirmative vote of the members present is necessary for election.
2. This application must be in the hands of the Secretary **before October 1st** of the year in which the candidate is to be considered.
3. No candidate will be considered for membership until his candidacy has been approved by a two-thirds vote of the Council.
4. A surgeon to be considered for membership must have fulfilled the following requirements:
 - a. Have been certified by the American Board of Surgery or one of its specialty Boards.
 - b. Be a Fellow of the American College of Surgeons.
 - c. Must have an unqualified professional record, must relate his practice to the Boston area and have made some significant contribution to the advancement of the art of surgery. (A significant contribution can be made by the writing of papers, the improvement of surgical care in a hospital or a community, by active participation in surgical meetings, etc.)
5. If the candidate fails to fulfill any of the above requirements, the proposers should enclose detailed and convincing data as to why he should be considered for membership. These requirements can be waived by a unanimous vote of those present at a stated meeting of the Council.
6. A space for listing the candidates background and contributions is on the reverse side of this sheet.

OVER

Date of Birth _____ Place _____

Undergraduate School _____ Degree _____ Date _____

Medical School _____ Degree _____ Date _____

internship at _____ Hospital _____ City _____

For _____ Months _____ graduated.

Residency at _____ Hospital _____ City _____

For _____ Months _____ year graduated.

Residency at _____ Hospital _____ City _____

For _____ Months _____ year graduated.

Residency at _____ Hospital _____ City _____

For _____ Months _____ year graduated.

Certified by American Board of _____

Fellow of American College of Surgeons _____ Date _____

Hospital Positions Now Held _____

Teaching Positions Now Held _____ Hours per month

_____ Hours per month

Positions in Medical Community - - - - - _____

Contributions: (Papers written, or other contributions to the advancement of surgery.) Attach list if necessary.