

APPLICATION FOR MEMBERSHIP

NAME: _____ DATE OF BIRTH: _____

PRACTICE NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

PREFERRED MAILING ADDRESS (CHECK ONE): OFFICE: _____ HOME: _____

MAIN HOSPITAL APPOINTMENT: _____

TITLE: _____ FROM _____ TO _____

OTHER HOSPITAL APPOINTMENT: _____

MEDICAL SCHOOL APPOINTMENT: _____

TITLE: _____ FROM _____ TO _____

MEMBERSHIP IN SOCIETIES, COLLEGES, SPECIALTY BOARDS, ETC. _____

NJ LICENSE NUMBER _____ # OF PUBLICATIONS: _____ VASCULAR OTHER _____

VASCULAR MEETINGS ATTENDED IN PAST THREE YEARS - ATTACH SEPARATE LIST

PREVIOUS TRAINING

UNDERGRADUATE _____ DEGREE _____ YEARS ATTENDED _____

MEDICAL SCHOOL _____ DEGREE _____ YEARS ATTENDED _____

INTERNSHIP AND RESIDENCY _____ FROM _____ TO _____

FELLOWSHIPS _____ FROM _____ TO _____

(Nature of Training)

SPECIAL VASCULAR TRAINING (if not listed above) _____

REFERENCES (Two Written Required, testifying to proficiency in Vascular Surgery)

REFERENCE FROM PERSON WHO TRAINED YOU IN VASCULAR SURGERY

APPLICANT'S SIGNATURE: _____ DATE: _____

Please include annual dues payment of \$200

Vascular Society of New Jersey
202 West State Street
Trenton, NJ 08608
609-392-7553
609-392-2664 Fax
www.vascularsocietynj.org

Membership Invoice

BILL TO	Corrections to Billing Address

Please verify/correct/complete the following information:

Practice Name:	Department:
Email Address:	
Phone:	Fax:

DESCRIPTION	AMOUNT
Membership Dues July 1, 2007 – June 30, 2008	\$200.00
<small>..... As in the past, contributions or gifts to the Vascular Society of New Jersey are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as ordinary and necessary business expenses, however, as a result of the federal budget and tax laws passed in 1993, any portion of dues used for lobbying activities are no longer tax deductible for federal purposes. Based on the portion of dues allocated for lobbying, it is estimated that the non-deductible portion of your dues is 10 percent.</small>	
THANK YOU FOR YOUR CONTINUED SUPPORT.	

Please return this invoice with your payment.
 Make checks payable to: **VSNJ**
 and mail to: 202 West State Street, Trenton, NJ 08608
 or
 Visa® and MasterCard® Payments:

Account #: _____ - _____ - _____ - _____

Exp Date: _____ Signature: _____

and fax to: 609-392-2664