



# North Pacific Surgical Association

## PROPOSAL FOR MEMBERSHIP

### MEMBER TYPE:

- Active Member
- Advanced Practice Provider
- Trainee

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Office Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date/Place of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Cell/Home Phone \_\_\_\_\_  
Name of Spouse \_\_\_\_\_

### ACADEMIC RECORD (Place and Dates)

Pre-Medical \_\_\_\_\_  
Medical School \_\_\_\_\_  
Residencies \_\_\_\_\_  
\_\_\_\_\_

Fellowships \_\_\_\_\_  
\_\_\_\_\_

Locations/Dates of Surgical Practice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BOARD CERTIFICATION

Specialty	Date	Recertification	Date
_____	_____	_____	_____
_____	_____	_____	_____

COLLEGE OF SURGEONS (American, Canadian or equivalent) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

HOSPITAL AFFILIATIONS (Active or courtesy status)  
\_\_\_\_\_  
\_\_\_\_\_

TEACHING APPOINTMENTS (Location/Academic Rank)

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MILITARY SERVICE (Country, branch of service, rank, station and dates)

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SOCIETY AFFILIATIONS

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PUBLICATIONS: (Please append chronological list using Index Medicus format, a CV is suitable)

PLEASE SUBMIT A CURRICULUM VITAE & DIGITAL PHOTO WITH APPLICATION.

ATTENDANCE AND SCIENTIFIC SESSION REQUIREMENTS FOR CONTINUED MEMBERSHIP IN THE NORTH PACIFIC SURGICAL ASSOCIATION:

"...The membership of any member who fails to attend three (3) consecutive Annual Meetings of the Association, unless such non-attendance is excused by the Council for adequate cause, shall be subject to termination." (Bylaws Article III, Section Ie)

". . submit a paper to the secretary for presentation or be the primary discussant of a paper at the Annual Meeting every four years . ." (Bylaws Article III, Section Ia)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SPONSOR'S STATEMENT: I have acquainted the proposed member with the attendance and scientific session requirements for continued membership in the NORTH PACIFIC SURGICAL ASSOCIATION.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

ACTION OF  
Caucus \_\_\_\_\_  
Council \_\_\_\_\_  
Association \_\_\_\_\_

**RETURN FORM TO:**

Email: admin@northpacificsurgical.org  
Fax: 503-585-8547  
Mail: North Pacific Surgical Association  
3340 Commercial St SE, Suite 220  
Salem, OR 97302