



Association of Women Surgeons

225 W. Wacker Drive, Suite 650, Chicago, IL 60606 | 312.224.2575 f: 312.265.2908 | WomenSurgeons.org

Membership Application

First Name: _____ MI: _____ Last Name: _____ MD

Status with the American College of Surgeons: Fellow Associate Resident Medical Student Not a member

Circle other credentials that apply: DO PhD MPH MPP MSc MEd MS JD MBA Other: _____

ACS ID # _____ Are you Board Certified? __Yes __No

Work:

Affiliation/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Cell phone: _____

Alternate: Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Preferred Mailing Address: Office Home

Indicate Membership Category (see back for category descriptions):

- | | | | |
|---|--------|-------------------------------------|---------|
| <input type="checkbox"/> Regular Member | \$ 250 | <input type="checkbox"/> Lifetime | \$5,000 |
| <input type="checkbox"/> Resident: Yr of Grad _____ | \$ 50 | <input type="checkbox"/> Emeritus | \$ 0 |
| <input type="checkbox"/> Student: Yr of Grad _____ | \$ 25 | <input type="checkbox"/> Associate | \$ 200 |
| <input type="checkbox"/> New Surgeon | \$ 175 | <input type="checkbox"/> Missionary | \$ 0 |

Institutional (please use Institutional Membership Form) →

- I would like to join an AWS Chapter. Practicing Surgeons dues are \$50/year. Residents and Students are complimentary. →

Virginia Chapter
 Metropolitan Washington DC Chapter

- **Optional subscription:** American Journal of Surgery. Special reduced rate of \$50 per year for U.S. residents and international subscribers. (Subscription included with Regular and New Surgeon memberships.) →

- I would like to make a **contribution to the AWS Foundation.** →

- I would like to make an **additional contribution to the AWS Foundation:**

One-time contribution amount: \$ _____

12-month pledge:

\$25 a month (equal to \$300 a year)

\$50 a month (equal to \$600 a year)

Other: please charge my credit card once a month for 12 consecutive months in the amount of \$ _____ for a total donation of \$ _____.

- Missionary members are unable to afford a membership. Indicate your intent to help **sponsor a missionary membership.** (Suggested donation is \$100.) →

Payment Information

	AMOUNT
Membership	\$ _____
Chapter Dues	\$ _____
AJS Subscription	\$ _____
AWS Foundation Contribution (Optional)	\$ 50.00
Additional Foundation Contribution	\$ _____
Missionary Sponsor	\$ _____
TOTAL AMOUNT U.S. Funds	\$

Method of Payment: Return this application to the AWS Office via fax or mail.
You can also join and pay online at www.WomenSurgeons.org.

Check (payable to AWS) Visa MasterCard American Express

Credit Card #: _____

Exp. Date: _____ Security Code/Pin#: _____

Signature: _____
(signifies authorization to charge credit card)

Membership dues to AWS are not tax deductible as charitable contributions. Dues payments may be deducted as ordinary and necessary business expenses. \$50 of Regular and New Surgeon dues covers a subscription to the *American Journal of Surgery*. None of the dues are allocable to lobbying expenses.

Your charitable contribution to the AWS Foundation is tax deductible to the extent allowable by law. Consult your tax advisor for further advice.

Practice: (Choose one) Academic Faculty Hospital-based Multidisciplinary Group VA/Military
 Solo Practice Surgical Group HMO Retired

Surgical Specialty: (Choose three that apply)
 Bariatric General Ophthalmology Transplant
 Breast Gynecology Orthopedics Trauma/Critical Care
 Cardiothoracic Minimally Invasive Otolaryngology Urology
 Colorectal Neurosurgery Orthopedics Vascular
 Dermatology Nutrition Pediatric Surgery
 Endocrine Oncology Plastics/Reconstruction
 Other: _____

Education: Medical School Graduation Date: _____
Residency Completion Date: _____
Fellowship Completion Date: _____

Race/Ethnicity: (Choose the one that is most appropriate.)

Amer. Indian/Alaska Native Asian Black/African-American
 Native Hawaiian/Other Pacific Islander Hispanic/Latino White/Caucasian
 Other: _____ Decline/Not sure

**AWS often nominates women to serve in various positions within other medical organizations.
Please check all organizations below of which you are a member:**

American College of Surgeons American Surgical Association Assoc. of Program Directors in Surgery
 American Medical Association Association for Academic Surgery Association of VA Surgeons
 American Medical Women's Association Association for Surgical Education Society of University Surgeons