

**NEW ENGLAND SOCIETY OF COLON AND RECTAL SURGEONS  
MEMBERSHIP APPLICATION**

**NAME:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_

**OFFICE PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PREFERRED E-MAIL:** w: \_\_\_\_\_ h: \_\_\_\_\_

**MED SCHOOL:** \_\_\_\_\_ **YR OF GRAD:** \_\_\_\_\_

**UNDERGRAD:** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_ **YR OF GRAD:** \_\_\_\_\_

**INTERNSHIP:** \_\_\_\_\_ **YEAR(S):** \_\_\_\_\_

**RESIDENCY:** \_\_\_\_\_ **YEARS:** \_\_\_\_\_

**COLON & RECTAL FELLOWSHIP:** \_\_\_\_\_

**CERTIFICATION:** ABS: \_\_\_\_\_ YEAR: \_\_\_\_\_  
ABCRS: \_\_\_\_\_ YEAR: \_\_\_\_\_

<b>ARE YOU A MEMBER OF:</b>	<b>YES</b>	<b>NO</b>
STATE MEDICAL SOCIETY	_____	_____
COUNTRY MEDICAL SOCIETY	_____	_____
AMERICAN MEDICAL SOCIETY	_____	_____
AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS	_____	_____

**HOW MANY MEETINGS OF THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS  
HAVE YOU ATTENDED?** \_\_\_\_\_

**HAVE YOU PUBLISHED ANY ORIGINAL PAPERS ON COLON AND RECTAL SURGERY?** \_\_\_\_\_  
IF YES, PLEASE INCLUDE BIBLIOGRAPHY.

**HOSPITAL AFFILIATIONS (WITH POSITION AND LENGTH OF SERVICE):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

THIS APPLICATION MUST BE SIGNED BY TWO MEMBERS:

\_\_\_\_\_ MD \_\_\_\_\_ MD

**PLEASE RETURN THIS FORM AND  
CHECK FOR \$100 TO:**

NESCRS  
C/O Tina L. Blais-Armell  
University of Vermont Medical Center  
111 Colchester Ave., Mailstop 320FL4  
Burlington, VT 05401  
(802) 847-2194  
[tina.blais-armell@uvmhealth.org](mailto:tina.blais-armell@uvmhealth.org)