

**AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY**

**Membership Application**

**Please mark which membership category you are applying for:**

**Active** \_\_\_\_\_ **Associate** \_\_\_\_\_ **Candidate** \_\_\_\_\_

**PERSONAL DATA**

Full Name
Designation(s)
Office Address
City/State/Country/Zip Code
Office Telephone
Office Fax
E-Mail Address
Home Address
City/State/Country/Zip Code
Cell/Home Telephone
Date of Birth/Place of Birth
Citizenship
Please indicate preferred mailing address: Home or Office
Please indicate your practice specialty/specialties

**PROFESSIONAL QUALIFICATIONS**

<i>Pre-medical School</i> Name
Location
Dates/Degree
<i>Medical School</i> Name
Location
Dates/Degree

<i>Internship or PGY 1</i> Name
Location
Dates/Type
<i>Residency</i> Name
Location
Dates/Type

**POST-RESIDENCY TRAINING IN MICRONEUROVASCULAR SURGERY**

Inclusive Dates	Location	Names of Director of Training Program

**LICENSURE** Licensed to practice medicine in:

State or Country	Date	License No

**BOARD CERTIFICATION** Specialty boards completed (if applicable)

Board	Date

**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS**

Date Admitted	Organization

**HOSPITAL AND UNIVERSITY STAFF AFFILIATIONS (subsequent to completing fellowship)**

From / To	Hospital or University and Department	Name of Chief of Service	Your Position

**PROFESSIONAL ACTIVITIES (answer n/a if the questions does not apply)**

What year did you begin practice after formal training?
How long in present position?
Number of operations performed last year?
How many of these microneurovascular cases?

**PUBLICATIONS:**

List each of your publications related to microneurovascular surgery, including the title, author(s), journal inclusive pages, and year. Attach additional information if necessary.

1.
2.
3.
4.

## PRESENTATIONS RELATED TO MICRONEUROVASCULAR SURGERY

Include title of meeting, title of presentation, location, and date. Attach additional information if necessary.

1.
2.
3.
4.

## ATTENDANCE AT PREVIOUS ANNUAL MEETING(S)

Attendance at an Annual Meeting of the American Society for Reconstructive Microsurgery is required for application eligibility. Please list annual meetings you have attended:

1.
2.
3.
4.

## THE YOUNG MICROSURGEONS GROUP

The vision of the Young Microsurgeons Group is to unite young microsurgeons through active membership in the society and to enhance the voice and representation of younger members in the society. The Young Microsurgeon's Group will help coordinate educational experiences tailored to their membership and have a voice on select ASRM committees. Social activities will also be organized to foster camaraderie and provide opportunities to meet and interact with more senior members. All reconstructive surgeons who are candidate or full members who have been in practice for fewer than eight years are considered eligible.

- YES I am interested in participating in the YMG
- NO thank you

## INSTRUCTIONS

Applicants for Active or Associate membership must be sponsored by one Active member of ASRM, and endorsed by two other Active members. It is recommended that one of these individuals be from the candidate's local geographical area.

Applicants for Candidate membership are to be proposed and sponsored by one Active or Associate member of the ASRM.

Please print your sponsor's name and information on the next page. Each sponsor and endorser will be contacted by the ASRM Central Office for a statement of support on behalf of the candidate

**Sponsor**

Name
Phone Number
Email Address

**Endorser #1**

Name
Phone Number
Email Address

**Endorser #2** (required for Active and Associate applicants)

Name
Phone Number
Email Address

Please include the following with a completed application:

1. A copy of your current curriculum vitae.
2. Any other information which may be of relevance to the Membership Committee.

Please sign and date the complete application electronically and send via email along with the required supporting material to the ASRM Central Office.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Send your completed application to: [asrmoffice@gmail.com](mailto:asrmoffice@gmail.com)

Questions? Call 312-456-9579 or email [asrmoffice@gmail.com](mailto:asrmoffice@gmail.com)