



MINNESOTA SURGICAL SOCIETY
A Chapter of the ACS

MSS

Membership Application

Last Name.....DOB.....
First Name.....Middle Name.....
E-mail.....
Specialty.....

OFFICE:

Address.....
City.....State.....Zip.....
Business Phone.....Business Fax.....
Office Contact/Manager.....
Office Contact/Manager E-mail.....

HOME:

Address.....
City/Zip.....
Phone.....Fax.....
E-mail.....

Preferred Mailing Address Office Home

MEMBERSHIP CATEGORY:

- Active Members (\$175)**
Active members shall be Fellows and Associate Fellows of the American College of Surgeons residing or practicing in the state of Minnesota.
- Affiliate Members (\$125)**
Affiliate members are licensed registered nurses, nurse practitioners, physician assistants and pharmacists who are members of the American College of Surgeons.
- Retired Members (\$50.00)**
Any retired members in good standing, having attained the age of 70 years, shall.
- Resident (No charge)**
Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.

Questions? Contact Janna Pecquet, MSS Executive Director, by email: janna@mnsurgicalsociety.org.

PAYMENT INFO (Make check payable to MSS)

Payment Amount
\$ _____
Check No. _____
Credit Card (check one)
 Visa
 MasterCard
 American Express

Name As On Card.....
Billing Address.....
Account No.....Exp. Date.....CSC.....
Signature.....Date.....