

**APPLICATION FOR MEMBERSHIP**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PREFERRED MAILING ADDRESS (CHECK ONE): OFFICE: \_\_\_\_\_ HOME: \_\_\_\_\_

MAIN HOSPITAL APPOINTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

OTHER HOSPITAL APPOINTMENT: \_\_\_\_\_

MEDICAL SCHOOL APPOINTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

MEMBERSHIP IN SOCIETIES, COLLEGES, SPECIALTY BOARDS, ETC. \_\_\_\_\_

NJ LICENSE NUMBER \_\_\_\_\_ # OF PUBLICATIONS: \_\_\_\_\_ VASCULAR OTHER \_\_\_\_\_

VASCULAR MEETINGS ATTENDED IN PAST THREE YEARS - ATTACH SEPARATE LIST

**PREVIOUS TRAINING**

UNDERGRADUATE \_\_\_\_\_ DEGREE \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

MEDICAL SCHOOL \_\_\_\_\_ DEGREE \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

INTERNSHIP AND RESIDENCY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

FELLOWSHIPS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

(Nature of Training)

SPECIAL VASCULAR TRAINING (if not listed above) \_\_\_\_\_

REFERENCES (Two Written Required, testifying to proficiency in Vascular Surgery)

REFERENCE FROM PERSON WHO TRAINED YOU IN VASCULAR SURGERY

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please include annual dues payment of \$200

Vascular Society of New Jersey  
 202 West State Street  
 Trenton, NJ 08608  
 609-392-7553  
 609-392-2664 Fax  
[www.vascularsocietynj.org](http://www.vascularsocietynj.org)

Membership Invoice

BILL TO	Corrections to Billing Address

Please verify/correct/complete the following information:

***IMPORTANT*** Email Address:	
Practice Name:	Department:
Phone:	Fax:

DESCRIPTION	AMOUNT
Membership Dues July 1, 2010 – June 30, 2011	\$200.00
<small>.....            As in the past, contributions or gifts to the Vascular Society of New Jersey are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as ordinary and necessary business expenses, however, as a result of the federal budget and tax laws passed in 1993, any portion of dues used for lobbying activities are no longer tax deductible for federal purposes. Based on the portion of dues allocated for lobbying, it is estimated that the non-deductible portion of your dues is 10 percent.</small>	
THANK YOU FOR YOUR CONTINUED SUPPORT.	

**\*\* VSNJ Website Link Authorization**

**\*\* website or email we can link to your practice site**

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**All active members will be included on the VSNJ website unless indicated below**

**No, I DO NOT want my name/office listed on the VSNJ website.**

**Please return this invoice with your payment.**

Make checks payable to: **VSNJ**  
 and mail to: 202 West State Street, Trenton, NJ 08608  
 or (circle one)  
 Visa®    MasterCard®    American Express®

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

and fax to: 609-392-2664