



Florida Chapter, American College of Surgeons 2010 Membership Application

July 1, 2009 – June 30, 2010

Phone: (877) 310-7316
Fax: (877) 835-5798
www.floridafacs.org

GENERAL INFORMATION (Please print or type)

Name: _____
Credentials: _____
Employer: _____
Work Address: _____
City: _____ State: _____ ZIP: _____
Work Phone: _____ Fax*: _____
Web Address: _____
Preferred Email*: _____

Gender: Male Female Year Born: _____
Year you became FACS, or Associate Fellow: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Fax*: _____
Preferred Mailing Address: Home Work

*Fax and/or email will be used for member communications.

ADMINISTRATIVE CONTACT PERSON

If you have a support person who the Chapter may contact when you are in surgery, please provide his/her information:

Name: _____
Phone: _____
Email: _____

PRACTICE INFORMATION

Primary Practice Type: _____
(Solo, Group, Hospital, Academic, Military, Other)
Primary Practice Specialty: _____
Primary area of Practice: Urban Rural Military

TYPE OF MEMBERSHIP

- \$ 160 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
 \$ 80 Associate Fellow - Must be recognized by the American College of Surgeons as an Associate Fellow.

METHOD OF PAYMENT

- Check # _____ enclosed
(Make checks payable to FLACS.)
 Please charge my credit card (Circle One)
VISA MasterCard Discover AMEX

Account Number _____

Name of Cardholder _____

Authorized Signature _____

Expiration date _____ SIC/3-4 digit security code _____

(Located on back of card.)

Address that credit card is issued to:

- Home Work Other

Please send your completed form to:

Florida Chapter, ACS
221 N. Hogan St, # 404
Jacksonville, FL 32202-4201

Or fax to (877) 835-5798

The mission of the Florida Chapter of the American College of Surgeons is to educate its members and the public about surgical care within the state of Florida, and to support the mission and goals of the American College of Surgeons.

Payment of dues or other contributions to the Chapter are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary expenses to the extent not allocated to lobbying expenses. The FLACS estimates that the non-deductible portion of your dues is 15%.

The Florida Chapter of the American College of Surgeons (FLACS) collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. FLACS does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments. Thank you.

Taxpayer ID # for Voucher Use Only: 59-6141084