



# Ohio Chapter, American College of Surgeons 2016 Membership Application

January 1, 2016 – December 31, 2016

Toll Free: (877) 677-3227

Fax: (877) 835-5798

[www.ohiofacs.org](http://www.ohiofacs.org)

## GENERAL INFORMATION (Please print or type)

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax\*: \_\_\_\_\_

Web Address: \_\_\_\_\_

Preferred Email\*: \_\_\_\_\_

National ACS Membership # \_\_\_\_\_

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

- \$ 255 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
- \$ 125 Associate Fellow - Must be recognized by the American College of Surgeons as an Associate Fellow.
- \$ 25 Retired - Must have been granted retired status by the American College of Surgeons.
- \$ 125 Affiliate - Non-FACS Physician, Allied Health Care Professionals, and Nurses.
- \$ 0 Resident - Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.
- \$ 0 Medical Student - Medical students in accredited allopathic or osteopathic medical schools, who meet the American College of Surgeons requirements for participation.

## METHOD OF PAYMENT

- Check # \_\_\_\_\_ enclosed  
(Make checks payable to OCACS.)
- 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:**

**Ohio Chapter  
P.O. Box 1715  
Columbus, Ohio 43216-1715**

**Or fax to (877) 835-5798**

The mission of the Ohio Chapter of the American College of Surgeons is to educate its members and the public about surgical care within the state of Ohio, 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 OCACS estimates that the non-deductible portion of your dues is 15%.

The Ohio Chapter of the American College of Surgeons (OCACS) collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. OCACS 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.

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