Ohio Chapter, American College of Surgeons
2014 Membership Application
January 1, 2014 – December 31, 2014

Toll Free: (877) 677-3227
Fax: (877) 835-5798
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.

Taxpayer ID # for Voucher Use Only: 23-7039480