



# Maine Chapter, American College of Surgeons 2017 Membership Application

January 1, 2017 – December 31, 2017

Phone: (207) 445-2260

Fax: (207) 445-4880

www.maineacfs.org

## GENERAL INFORMATION (Please print or type)

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

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

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

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

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

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

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

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

National ACS Member # \_\_\_\_\_

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

- ☐ \$150 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
- ☐ \$100 Associate Fellow - Must be recognized by the American College of Surgeons as an Associate Fellow.
- ☐ \$100 Affiliate - Non-FACS Physicians, Allied Health Care Professionals, and Nurses.
- ☐ \$ 50 Retired - Must have been granted retired status by the American College of Surgeons.
- ☐ \$ 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 Maine Chapter, ACS)
- ☐ 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:

Maine Chapter, ACS

PO Box 190

Manchester, ME 04351

Or fax to (207) 445-4880 or Alt. fax: (207) 622-3332

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

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