



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

- \$195 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
- \$115 Associate Fellow - Must be recognized by the American College of Surgeons as an Associate Fellow.
- \$ 50 Retired - Must have been granted retired status by the American College of Surgeons.
- \$195 Affiliate - Non-FACS Physician, Allied Health Care Professionals, and Nurses.
- \$ 10 Resident - Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.
- \$ 10 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 Florida 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:

**Florida Chapter, ACS
6816 Southpoint Pkwy., Suite 1000
Jacksonville, FL 32216**

Or fax to (904) 998-0855

The mission of the Florida Chapter of the American College of Surgeons (FCACS) 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.

The Florida Chapter, American College of Surgeons (FCACS) is a 501(C)(6) organization, as determined by the IRS. Annual membership dues to the FCACS are not deductible for federal income tax purposes as charitable contributions. However, they may be deductible as "ordinary and necessary" business expenses. Please check with your tax advisor. FCACS estimates that approximately 5% of your dues are allocated to lobbying purposes and are not deductible.