

Name _____ ACS ID Number (If available) _____

Record all pertinent information from the present time through June 2023

If you are in a training program such as a residency or fellowship, please complete the following portion.
Resident members are dues-free for 2022-23 billing year.

I am in an ACGME-accredited residency program I am in a fellowship I am in surgical research

Institution _____ City _____ State _____

Surgical Specialty _____

My projected year of entry into practice is _____

My current PGY is... (Choose one) Clinical 1 Clinical 2 Clinical 3 Clinical 4 Clinical 5 Chief Year
 Research 1 Research 2 Research 3 Fellowship (year) 1 Fellowship (year) 2
 Other _____

Name of Program Director/Administrator _____

Program Director/Administrator E-Mail _____

Program Director/Administrator Signature _____ Date _____