



**MIDWESTERN
VASCULAR**
SURGICAL SOCIETY

New Membership Applicant Endorsement Form

Date: _____

To: MVSS Membership Committee

From: (Sponsor)

Please Print

Sponsor Organization:

Please Print

Applicant's Name:

Please Print

Endorsement
Statement:

I am familiar with the above Applicant's surgical practice, as well as the Society's appropriate membership criteria and consider this individual to be ethical and practicing high quality vascular surgery.

I have no hesitation recommending this individual for Membership in the Midwestern Vascular Surgical Society.

Active

Associate

Candidate *(for Residents/Fellows)*

Medical Student

Signature: _____