



# Academy of Surgical Research Membership Application

Name	Degrees	
Affiliation	Position	
Address 1		
Address 2		
City, State, Zip		Country if other than USA
Phone	Fax	
Email		
Surgical Specialty	Surgical Sub-Specialty	

**References: Please list two peer professional who are familiar with your field of interest:**

Name	Name
Affiliation	Affiliation
Phone	Phone

<p><b>Membership Type:</b></p> <p><input type="checkbox"/> Individual \$245</p> <p><input type="checkbox"/> Associate \$100</p>	<p><b>Associate Membership Verification:</b> I attest the applicant is a full-time, degree seeking student or a resident in training program actively involved in surgical research</p> <p>Signature of advisor or department chair</p> <hr/> <p>Printed Name</p> <hr/> <p>Telephone</p>
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<input type="checkbox"/> Check	Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	
Check Number	Card Number	Expiration Date
Amount (US Dollars Only)	Cardholder Billing Address	Card Code

<p><i>Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the Academy of Surgical Research.</i></p>	<p>City, State, Zip</p> <hr/> <p><b>Please print out form and remit to:</b></p> <p style="text-align: center;"><b>ASR Member Services</b> 7500 Flying Cloud Drive, Suite 900 Eden Prairie, MN 55344</p> <p style="text-align: center;">Phone: 952.253.6240 Fax: 952.835.4774</p>
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