



ACADEMY OF SURGICAL RESEARCH

Membership Application

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

How did you hear about ASR?

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

Name	Name
Affiliation	Affiliation
Phone	Phone

Membership Type:

Individual \$325

Associate \$120

Associate Membership Verification: I attest the applicant is a full-time, degree seeking student or a resident in training program actively involved in surgical research

Signature of advisor or department chair

Printed Name

Telephone

<input type="checkbox"/> Check	Credit Card: <input type="checkbox"/> Am Ex <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Check Number	Card Number	Expiration Date
Amount (US Dollars Only)	Cardholder Billing Address	Card Code

City, State, Zip

Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the Academy of Surgical Research.

Please print out form and remit to:

ASR Member Services

15490 – 101st Ave N, Suite 100

Maple Grove, MN 55369

Phone: 763.235.6464 Fax: 763.235.6461

To submit this form via our Secure Data site, first fill out the form and save it to your desktop then go to [Secure Data Upload website](https://lock.securedataupload.com) or <https://lock.securedataupload.com>. Log in with user name **asr** and password **as321** (password is case sensitive) **Skip directly to Step 3!** Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form.