



# 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 \$350

Associate \$150

**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"/> AMEX <input type="checkbox"/> MC <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:

**Academy of Surgical Research**  
1003 Bishop St, Ste 2700  
Honolulu, HI 96813  
Phone: 763.235.6464

**Or Scan/Email to [info@surgicalresearch.org](mailto:info@surgicalresearch.org)**