



Maine Chapter, American College of Surgeons 2020 Membership Application

January 1, 2020 – December 31, 2020

Phone: (207) 592-5725
www.mainefacs.org

GENERAL INFORMATION (Please print or type)

Name: _____
Credentials: _____
Employer: _____
Work Address: _____
City: _____ State: _____ ZIP: _____
Work Phone: _____ Fax*: _____
Web Address: _____
Preferred Email*: _____

National ACS Member # _____
Gender: Male Female Year Born: _____
Year you became FACS, or Associate Fellow: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Fax*: _____
Preferred Mailing Address: Home Work

*Fax and/or email will be used for member communications.

ADMINISTRATIVE CONTACT PERSON

If you have a support person who the Chapter may contact when you are in surgery, please provide his/her information:

Name: _____
Phone: _____
Email: _____

PRACTICE INFORMATION

Primary Practice Type: _____
(Solo, Group, Hospital, Academic, Military, Other)
Primary Practice Specialty: _____
Primary area of Practice: Urban Rural Military

TYPE OF MEMBERSHIP

- \$150 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
- \$100 Associate Fellow - Must be recognized by the American College of Surgeons as an Associate Fellow.
- \$100 Affiliate - Non-FACS Physicians, Allied Health Care Professionals, and Nurses.
- \$ 50 Retired - Must have been granted retired status by the American College of Surgeons.
- \$ 0 Resident - Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.
- \$ 0 Medical Student - Medical students in accredited allopathic or osteopathic medical schools, who meet the American College of Surgeons requirements for participation.

METHOD OF PAYMENT

- Check # _____ enclosed
(Make checks payable to Maine Chapter, ACS)
- Please charge my credit card (Circle One)
VISA MasterCard Discover AMEX

Account Number _____

Name of Cardholder _____

Authorized Signature _____

Expiration date _____ SIC/3-4 digit security code _____
(Located on back of card.)

Address that credit card is issued to:

- Home Work Other

Please send your completed form to:

**Maine Chapter, ACS
PO Box 190
Manchester, ME 04351**

The mission of the Maine Chapter of the American College of Surgeons (MEACS) is to educate its members and the public about surgical care within the state of Maine, and to support the mission and goals of the American College of Surgeons.

Payment of dues or other contributions to the Chapter are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary expenses to the extent not allocated to lobbying expenses. The MEACS estimates that the non-deductible portion of your dues is 15%.

Taxpayer ID # for Voucher Use Only: 20-4019098

SOURCE CODE: 2010MEM