



**CONNECTICUT CHAPTER  
OF THE AMERICAN COLLEGE OF SURGEONS  
PROFESSIONAL ASSOCIATION, INC.**

**APPLICATION FOR MEMBERSHIP**

Please complete this application in full and return to the address below with the following:

- 1) A copy of your curriculum vitae.
- 2) A check made payable to CTACS, Inc. for \$195 for your annual dues.

Name:

Preferred Mailing Address:

Office Telephone:

Office Fax:

Home Telephone:

Home Fax:

E-mail:

Specialty (please circle one):

CRSR--Colon-Rectal  
GETH--Gen/Thoracic  
GYNE--Gynecology  
GYNO--Gyn Oncology  
MEDA--Medical Administrator

NEUR--Neurological  
NONS--Non-Surgical  
OBGY--Obst & Gyn  
OBST--Obstetrics  
OMS--Oral-Maxillofacial

OPHT--Ophthalmic  
OPOT--Ophthal/  
Otolaryngology  
ORL--Otorhinolaryngology  
ORTH--Orthopaedic

PEDS--Pediatric  
PLAS--Plastic  
THOR--Thoracic  
UROL--Urological  
VASC--Vascular

Date of Birth:

Year of Graduation from Medical School:

Status (please check):

Active

Retired

**Thank you!**