



NEW YORK SOCIETY FOR VASCULAR SURGERY

President
Robert Rhee, M.D.

New Membership Application

Immediate Past President
Igor Laskowski, M.D., Ph.D

Please check one of the following:

Senior Concil/Past President
Apostolos Tassiopoulos,
M.D.

Vascular Surgeon
Full Active Membership \$150

Vascular Fellow / Medical student
Candidate Group Membership No Fee

Treasurer
Angela Kokkosis, M.D.

Non Practicing / Age 70 Years or older
Emeritus Group No Fee

Secretary
Sharif Ellozy, M.D.

TO: THE EXECUTIVE COUNCIL, THE NEW YORK SOCIETY FOR VASCULAR SURGERY

I hereby submit my application for consideration for active membership in The New York Society for Vascular Surgery and herewith submit the following data for consideration.

Councilors at Large
Yana Etkin, M.D.
Angela Kokkosis, M.D.
Kuldeep Singh, M.D.

Section A
NAME:

(Last) (First) (M.I.)

TITLE:

HOSPITAL AFFILIATION (if applicable):

OFFICE ADDRESS:

(Street)

(City) (State) (Zip Code)

Phone: _____ **Fax:** _____

Cell: _____

E-Mail: _____

Hospital appointments (most recent appointment first - past & present):

NYSVS

NEW YORK SOCIETY FOR VASCULAR SURGERY

Medical school appointments (most recent appointment first - past & present):

GIVE TWO NAMES OF ACTIVE NYSVS MEMBERS OF SPONSORS: (Include address and contact information)

1. _____

(Name) (Phone) (Street) (City) (State) (Zip Code)

2. _____

(Name) (Phone) (Street) (City) (State) (Zip Code)

I AGREE, IF ELECTED TO THE SOCIETY, TO ATTEND MEETINGS AND CONTRIBUTE TO THE SOCIETY BY THE PRESENTATION OF PAPERS AND BY ENTERING INTO THE DISCUSSION.

Signature: _____

Date: _____

PLEASE RETURN THIS APPLICATION, MEMBERSHIP DUES AND HAVE SPONSORS SEND SUPPORTING LETTERS TO:

admin@nysvs.org

New York Society for Vascular Surgery

c/o Peyton Boutwell

333 South State Street, Ste V324

Lake Oswego, OR 97034

T. 503-635-4761 x112

PLEASE MAKE CHECKS PAYABLE TO: NEW YORK SOCIETY FOR VASCULAR SURGERY

Or pay through RegFox: <https://nysvs.regfox.com/nysvs-membership>