

## 3 EASY WAYS TO 1 2 SUBMIT YOUR FORM

## Record all pertinent information from the present time through June 2023

If you are in a training program such as a residency or fellowship, please complete the following portion. Resident members are dues-free for 2022-23 billing year.

□ I am in an ACGME-accredited residency program		🗌 I am in a fellowshi	p 🗌 I am in	□ I am in surgical research	
Institution		City		State	
Surgical Specialty					
My projected year of entry into pra	ctice is				
My current PGY is (Choose one)	🗌 Clinical 1 🔄 Clin	nical 2 🗌 Clinical 3 🛛	Clinical 4 🗌 Cli	inical 5 🗌 Chief Year	
	Research 1	esearch 2 🗌 Research	3 🗌 Fellowship	(year) 1 🗌 Fellowship (year) 2	)