



# Keystone Chapter American College of Surgeons Membership Application

ACS Membership #: \_\_\_\_\_ (if you are not a current member of ACS, please join here [www.facs.org](http://www.facs.org)).

- Please Check One:
- Active Fellow \$250.00
  - Fellow – Senior (72+) \$100.00
  - Associate Fellow \$200.00 (Completed training not yet applied for Fellowship)
  - Resident \$75.00
  - Medical Student \$25.00
  - Affiliate Member \$100.00 (Non-Physician)
  - Affiliate Member \$150.00 (Non-Surgical Physician)

\_\_\_\_\_  
Last Name First Name Middle Initial Suffix (MD, DO, FACS)

Preferred Mailing Address:  Office Address  Home Address  
Preferred Email Address:  Office Email  Alternate Email  Do Not Communicate Via Email

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Alternate Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Surgical Specialties: \_\_\_\_\_ Board Certifications: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Prefer Not to Answer

Return completed form with payment (checks made payable to MPACS) to:

Keystone Chapter, American College of Surgeons  
265 Oberlin Road | Middletown, PA 17057-3014  
Phone: 717-220-5255 | Email: [info@mp-acg.org](mailto:info@mp-acg.org)

Credit Card Information:  VISA  MASTERCARD  DISCOVER  American Express

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Exp. Date CV2 Code

\_\_\_\_\_  
Signature

Date: \_\_\_/\_\_\_/\_\_\_