



ISUCRS

INTERNATIONAL SOCIETY OF UNIVERSITY
COLON AND RECTAL SURGEONS

ISUCRS Membership Services
11300 W Olympic Blvd #600
Los Angeles CA 90064
Phone: 310-909-0107 Ext. 110
Fax: 310-437-0585
Email: membership@isucrs.org
Web Site: www.isucrs.org

APPLICATION FOR MEMBERSHIP

Application Date: _____

PLEASE TYPE OR PRINT CLEARLY

Applicant's Name in Full:

(Last/Family Name) (First/Given Name) (Middle Name or Initial)

MD DO PhD Prof Other: _____

Date of Birth: _____ Country of Birth: _____

Please check preferred mailing address:

Professional Address:

(Title/Dept)

(Organization)

(Street Address)

(City) (State/Province) (Zip/Postal Code) (Country)

(Telephone Number) (Fax Number) (E-Mail Address)

Residence Address:

(Street Address)

(City) (State/Province) (Zip/Postal Code) (Country)

(Telephone Number) (E-Mail Address)

Membership in Medical/Surgical Organizations (Please include dates):

Medical School/University Affiliations:

Teaching Positions:

(Title) (Medical School) (Dates From/To)

(Title) (Medical School) (Dates From/To)

(Title) (Medical School) (Dates From/To)

Research Investigation:

Hospital Appointments:

Published Contributions to Medical Literature (Use separate sheet if necessary):

Names and Addresses of Sponsors (ISUCRS ACTIVE members who have agreed to endorse you for membership):

1) _____ 2) _____ 3) _____

**Please write EXACTLY how you would like your name to appear on your membership certificate:
(Example: John A. Smith MD)**

- I have included payment of the **Initiation Fee** (\$50 USD one-time, non-refundable charge).
- I am applying for **Active1 Membership** (\$150 USD annually) and, upon approval, will be invoiced for first year's dues.
- I am applying for **Active2 Membership** (\$100 USD annually) and, upon approval, will be invoiced for first year's dues.

A check (USD only) is enclosed with this application. Please make checks payable to ISUCRS.

I authorize you to charge my: VISA MasterCard

CC Number: _____ Expiration Date: _____ Amount: _____

Cardholder Name: _____ Signature: _____

Fees must be paid in US dollars. Arrangement for bank wire transfer payment may be made by contacting ISUCRS office for details.