

Northern Plains

RURAL SURGICAL SOCIETY

APPLICATION FOR MEMBERSHIP

Name: _____ Age: _____
Print (Last Name) (First Name) (Middle Name)

Home Address: _____ Telephone No.: _____
(Street Number, City, State) (Area Code)

Email: _____

Office Address: _____

Primary Hospital Name and Location: _____

I would describe my specialty as: _____

Fellow American College of Surgeons: (yes/no)

Signature

Date Submitted

Membership Fee: **\$100**

Please submit this form and payment (check) to Dr. Roy Tinguely at 135 Country Center Dr., Suite F Box 87, Pagosa Springs, Colorado 81147 ~ Or pay via Venmo @Roy-Tinguely