

# 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: \$75

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