

# New England Society of Anesthesiologists

## Membership Application

Items with \* are required information:

### I. I am completing this form for:

New Application

Current Member Update/Correction

### II. Name\*:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

### III. Degree\*:

MD

DO

Other (list) \_\_\_\_\_

### IV. Professional Mailing Address:

Hospital/Clinic: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (with Area Code): \_\_\_\_\_

### V. Home Mailing Address\*:

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (with Area Code) \_\_\_\_\_

### VI. Licensure\*:

Licensed to Practice Medicine in: (State) \_\_\_\_\_

### VII. Email:

Your full email address \_\_\_\_\_

(e.g., *wmorton@ether.com*)

### VIII. Comments:

IX. Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print this form and submit by Mail, with check (payable to NE Soc. of Anesthesiologists) for \$40 for first year dues if new applicant, to:

James Gessner, M.D., Secretary-Treasurer  
New England Society of Anesthesiologists  
P.O. Box 67-054  
Chestnut Hill, Massachusetts 02467