



(A Society for Physicians with an Interest in Anesthesiology)

**2010 Membership Application**

Items with \*are required information

1. **I am completing this form for:** **Date:** \_\_\_\_\_

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): \_\_\_\_\_ Fax: \_\_\_\_\_

V. **Home Mailing Address\*:**  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone (with area code): \_\_\_\_\_ Cell: \_\_\_\_\_

VI. **Licensure\*:**  
Licensed to Practice Medicine in: (State) \_\_\_\_\_

VII. **Email:** \_\_\_\_\_

VIII **Comments:**

IX, **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete this form and submit by Mail, with check  
(payable to NE Society of Anesthesiologists) for \$50**

**James Gessner, M.D., Secretary/Treasurer  
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Marshfield, MA 02050**