

PACIFIC NORTHWEST VASCULAR SOCIETY

Application for Membership

Date _____

Name _____

Address _____

Telephone _____ Fax _____

Email _____

Medical School (dates) _____

Internship/Residency (dates) _____

Fellowship (dates) _____

Hospital Affiliations _____

Board Certification (Board, year, certificate number) _____

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- If not board certified in Vascular Surgery, Interventional Radiology, or Interventional Cardiology, please provide a case list of your last 100 peripheral vascular procedures, along with a copy of your *curriculum vitae*
 - If board certified in one of these specialties, please provide a copy of your *curriculum vitae*
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