SLS MEMBERSHIP APPLICATION AND RENEWAL

1. PRINT THIS FORM. Fill out completely. Incomplete forms will be returned unprocessed. Please use one form per person; make photocopies for additional people.

First Name MI Last Name

Degree

Specialty: ☐ General Surgery ☐ Urology ☐ Gynecology ☐ Other (please list) _____

Company

Address

P.O. Box, Apt #, Suite, Mail Stop, etc. (if applicable)

City State/Province Zip / Postal Code

Country E-Mail

Telephone Number (include area code) (if outside US include city code) Fax Number (include area code) (if outside US include city code) Country Phone Code if Outside US

3 Easy Ways to Apply for Membership

Use ONE of the following methods to apply or renew membership.

Web: www.SLS.org

Mail: SLS, Inc.
7330 SW 62 Place
Suite 410
Miami, FL 33143 USA

Fax: (305) 667-4123
Faxed membership application forms must include credit card information.

2. PHYSICIAN INFORMATION

TRAINING

Undergrad		Degree	Year
Medical School		Degree	Year
Postgraduate Training		Degree	Year

PRACTICE

Practice Web Site

Hospital Affiliation

Other Medical Societies

Board Certification

MEMBERSHIP DUES

Annual Dues (Check One):

☐ Physician ($250)

☐ Resident-In-Training ($75) - In order to be approved for this rate, a letter from your Program Director or Dept. Chairman verifying your status must accompany this form. To qualify as a resident, must be in training in a U.S. accredited training program or, if outside the U.S., must be a Resident-in-Training within the first five years after medical school.

☐ Fellow-In-Training ($75) - In order to be approved for this rate, a letter from your Program Director or Dept. Chairman verifying your status must accompany this form.

☐ Nurse/Technician ($75) - In order to be approved for this rate, a letter from your Program Director or Dept. Chairman verifying your status must accompany this form.

☐ Retired Physician ($75) - In order to be approved for this rate, a letter from your Program Director or Dept. Chairman verifying your status must accompany this form.

Form must be complete, including check or credit card information, or the application will be returned unprocessed.

3. PAYMENT INFORMATION

For check payments: Mail membership form with check (in US Funds only), to SLS, 7330 SW 62nd Place, Suite 410, Miami, FL 33143-4825, USA.
For more information: Toll Free: (800) 446-2659 or Tel: (305) 665-9959, Fax: (305) 667-4123, or E-mail: Membership@SLS.org, Website: www.SLS.org

☐ Visa
☐ Mastercard
☐ Check Enclosed *(make check payable to SLS)*
☐ Indicate Check #: _____

Total Amount $ _____

Card # *If payer is other than registrant, please print name and/or company name below:* Exp Date:

First Name MI Last Name

Company

Cardholder's Signature: _____

10/18/11