



Oregon Chapter of the American College of Surgeons

2010 Membership Dues

January 1, 2010 – December 31, 2010

PO Box 55454, Portland, OR 97238 503-342-3430 www.oregonchapteracs.org alan@oregonchapteracs.org

GENERAL INFORMATION (Please print or type)

Name: _____ Credentials: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ FAX: _____

Web Address: _____

Preferred E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ FAX: _____

Preferred Mailing Address: Home Work

ADMINISTRATIVE CONTACT PERSON

If you have a support person who the Chapter may contact when you are in surgery, please provide his/her information:

Name: _____

Phone: _____

E-mail: _____

PRACTICE INFORMATION

Primary Practice Type: _____
(Solo, Group, Hospital, Academic, Military, Other)

Primary Practice Specialty: _____

Primary Area of Practice: Urban Rural Military

TYPE OF MEMBERSHIP

\$100 Fellow and Associate Fellow – Must have met all of the requirements and been formally recognized by the American College of Surgeons as either a Fellow or Associate Fellow

\$100 Non-FACS Physician, Allied Healthcare Professionals, and Nurses

\$0 Retired – Must have been granted retired status by the American College of Surgeons

\$0 Resident – Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation

\$0 Medical Student – Medical students in accredited allopathic or osteopathic medical schools who meet the American College of requirements for participation

While paying your dues and supporting your ACS Oregon Chapter, please consider a tax-deductible contribution to the Chapter's Charitable Foundation. Your support is greatly appreciated!

Please send your completed form to:

Oregon Chapter
PO Box 55454
Portland, OR 97238

Or fax to 503-342-3430

The Oregon Chapter of the American College of Surgeons Mission Statement
Dedicated to improving the care of the surgical patient and to safe guarding standards of care in an optimal and ethical practice.

Payment of dues to the Chapter are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary business expenses.

The Oregon Chapter of the American College of Surgeons (ORACS) collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. ORACS does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments. The Taxpayer ID # for ORACS is 93-6090977.

Method of Payment

Check or Please charge my credit card VISA MC AMEX

Address that credit card is issued: Work Home

Account Number: _____ Exp. _____

Date: _____ Sec. Code on Card: _____

Name of Cardholder: _____

Signature: _____

Amount of Payment

I wish to pay my dues in the amount of: _____

Please also add a voluntary contribution to the Oregon Chapter of the American College of Surgeons Foundation _____
(Foundation Tax ID # is: 26-0502167 – Suggested tax-deductible minimum contribution per the mission statement is \$100)

Foundation Funds are used to support the:

- Baker-Moseley Resident Paper Competition
- Foundation Lecture of the Annual Meeting
- Young Surgeon's Leadership Conference
- Foundation Surgical Outreach Grant
- Oregon Chapter Community Service Project