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ASSOCIATE FELLOW MEMBERSHIP REINSTATEMENT FORM (U.S. and CANADA)

3 EASY WAYS TO SUBMIT YOUR FORM

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reinstate@facs.org

2 Fax
312-202-5007

3 Mail
Cory Suzan Petty
American College of Surgeons Credentials Section
633 N. Saint Clair Street, Chicago, IL 60611-3211

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Complete the following section by listing your practice/hospital/academic appointment information

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