

EXCELSIOR SURGICAL SOCIETY



MHSSP

Military Health System Strategic Partnership
American College of Surgeons



Application for Membership

Name:	
Degree(s) (MD, DO, etc.):	
Address:	
Work Telephone Number:	
Home Telephone Number:	
Mobile Number:	
Primary Email Address:	
Secondary Email Address:	
Date of Birth:	
Are you in a member in good standing with ACS?	<input type="checkbox"/> Yes (please include your ACS member ID #): <input type="checkbox"/> No
Gender Identity:	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Agender <input type="checkbox"/> None of the above (please specify): <input type="checkbox"/> Prefer not to answer
Racial or Ethnic Background:	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> East Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> White <input type="checkbox"/> None of the above (please specify): <input type="checkbox"/> Prefer not to answer

Military Affiliation	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Retired <input type="checkbox"/> Separated <input type="checkbox"/> None
Branch of Service	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> PHS
Current position	<input type="checkbox"/> Attending <input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Medical Student <input type="checkbox"/> Other: <input type="text"/>
What Excelsior membership category applies to you? (See descriptions below)	<input type="checkbox"/> Active Member <input type="checkbox"/> Associate Member

Membership Categories:

Active Member: Fellows, Associate Fellows, Residents, and Medical Students of The American College of Surgeons (ACS) in good standing with military affiliation (*Active Duty, Retired, Reservist, National Guard, or Discharged* after at least 1 year of service).

Associate Member: Fellows, Associate Fellows, Residents, Medical Students, or Affiliates of The American College of Surgeons (ACS) in good standing *without* military affiliation, and who do not meet the requirements for Active membership.

Additional Documentation Required for Membership Consideration:

I. If you are a trainee, please submit a statement from your Program Director or Dean's office verifying your trainee position.

All applications and supporting documentation should be submitted to: excelsior@facs.org

Dues are waived for honorary and distinguished members, medical student members, and members over 70 years of age.

Active-Duty ESS members receive an annual 50% reduction in Fellowship dues for the ACS. Reserve surgeons receive a 50% reduction in ACS Fellowship dues for the year they are deployed. Please contact us to communicate your deployment dates to receive the discount!