



To join the North Carolina Society of Plastic Surgeons:

Print and complete the application form below and mail to:

**North Carolina Society of Plastic Surgeons
c/o Myrna Saturn Gatty, Executive Director
229 North Poplar Street #15
Charlotte, N.C. 28202**

TEL: 704 338 1372

EMAIL: mgatty@earthlink.net

NAME: _____

HOME ADDRESS: _____

PROFESSIONAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MARITAL STATUS: _____

SPOUSE'S NAME: _____

PHONE NUMBER (Include area code): _(_____)_ _____ - _____

FAX NUMBER (Include area code): _(_____)_ _____ - _____

EMAIL ADDRESS: _____

BIRTHPLACE: _____

BOARD CERTIFIED: _____ **DATE:** _____

_____ **DATE:** _____

_____ **DATE:** _____

HOSPITAL AFFILIATION(S): _____

MEMBERSHIP ORGANIZATIONS: _____ Position Held: _____

_____ Position Held: _____

_____ Position Held: _____

ACADEMIC DEGREES:

BA/BS: _____ Year: _____

MD: _____ Year: _____

OTHER: _____ Year: _____

INTERNSHIP: _____

RESIDENCY (General Surgery or others): _____

Chief of Service: _____

Address: _____

RESIDENCY (Plastic Surgery): _____

Chief of Service: _____

Address: _____

OTHER FELLOWSHIPS (Hand, Head, Neck, Aesthetics): _____

MEDICAL LICENSE: _____

NUMBER: STATE: _____

NUMBER: STATE: _____