

Affiliate Membership Verification Letter Form

To be printed on the hospital/business letterhead

Date

American College of Surgeons
Division of Member Services
Medical Student, Resident, Associate Fellow and Affiliate Membership
633 North St Clair Street
Chicago, IL 60611-3211
Fax: 1-312-202-5007

Dear Member Services:

RE: Applicant for ACS Affiliate Membership for [Applicant Name]

This letter is to confirm that the above reference individual is currently employed at this hospital/university/ business and I am recommending that he/she be accepted for Affiliate Membership in the American College of Surgeons.

Sincerely yours,

Name:

Signature: _____

Title: _____

Phone: _____

E-mail: _____

***Note: This form is to be printed on theHospital/Business letterhead.**