



SOUTHERN CALIFORNIA VASCULAR SURGICAL SOCIETY

MEMBERSHIP ENDORSEMENT FORM

DATE: _____

TO: SCVSS Membership Committee

FROM: _____

CANDIDATE'S NAME: _____

Dear Membership Committee:

I am familiar with the above candidate's surgical practice as well as the Society's appropriate membership criteria and consider this individual to be a surgeon of good professional standing, who has a major interest in, and devotes a majority of their practice to vascular surgery.

I have no hesitation in recommending this individual for Active Membership in the Southern California Vascular Surgical Society.

(SCVSS Member Signature)

Date

((Print Name)

(Clearly Print Email Address)