Michigan Society of
Colon and Rectal Surgeons

20600 Eureka Road, Suite 600
Taylor, Michigan 48180

Membership Application

1. NAME _____

2. OFFICE ADDRESS _____
Street City, State Zip Code

_____
Phone # Fax # E-Mail

3. RESIDENCE ADDRESS _____
Street City, State Zip Code

_____
Phone # Fax # E-Mail

4. MEMBERSHIP IN MEDICAL & SURGICAL ORGANIZATIONS:

County Society _____ State Society (MSMS) _____ AMA _____ ASCRS _____

American Board of Colon & Rectal Surgery _____ American Board of Surgery _____
(Year) (Year)

5. PRACTICE OF COLON & RECTAL SURGERY:

Work limited to Colon & Rectal Surgery since _____
(Month and Year)

If your practice is not limited, what percentage is devoted to Colon & Rectal Surgery? _____

What percentage of your practice is devoted to: 1) Surgical management of anorectal disease? _____
2) Surgical management of colon disease? _____

6. TRAINING:

Residency _____
Name & Location of Hospital From/To Type

_____
Name & Location of Hospital From/To Type

7. HOSPITAL:

_____
Name Address City Zip Code

_____ _____
Date Signature

PLEASE SEND THE COMPLETED APPLICATION TO THE ADDRESS ABOVE OR EMAIL mscrsadmin@mscrs.org.