

## World Society for Simulation Surgery Application for Membership

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name (First, Last, MI)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Membership of The Society shall be open to any physician, dental surgeon, scientist, veterinarian, nurse specialist, nurse, physiotherapist, or any other recognized medical or paramedical personnel involved with, or interested in, any aspect of simulation surgery.

Commercial Membership may also be granted to companies working in or with the field of simulation surgery and associated research.

I am applying for (select one):

**Regular Membership**

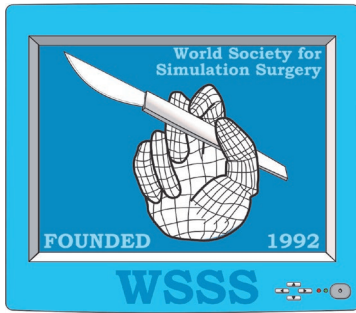
- Open to any individual listed above who are practicing in their field and who agree with the Aims of The Society. Regular Members shall have the right to attend any Society General Assembly and may vote thereat.

**Supporting Membership**

- Open to registered students and junior researchers at recognized medical institutions. Supporting members shall have the right to attend General Assemblies, and shall be eligible to vote thereat

**Honorary Membership**

- Persons who have made an outstanding contribution towards furthering the Aims of The Society. Honorary Members shall have the right to attend any General Assembly but shall not be eligible to vote thereat unless they are already registered Regular Members or hold another recognized position within the Society which allows them the right to vote.



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Membership dues will be invoiced once application is reviewed and approved. Dues are renewed annually.

Regular Membership	\$50
Supporting Membership	\$50
Honorary Membership	\$50

I understand and agree that membership in the World Society for Simulation Surgery is a privilege and not a right. As an applicant for membership, I have the responsibility for supplying to the World Society for Simulation Surgery with information adequate for proper evaluation by the Society of my fitness for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*An associate may contact you to request additional information to process your application.*

**Email your application to:** [info@w-sss.org](mailto:info@w-sss.org)

**Or mail to:**

World Society for Simulation Surgery  
444 E. Algonquin Road  
Arlington Heights, IL 60005