



Association of Program Directors in Surgery

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APPLICATION FOR MEMBERSHIP

Membership Category:

- Associate
- Resident

Applicant Name: _____

Degree: _____

Program Name: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Email: _____

Program Director: _____

To apply for membership in the Association of Program Directors in Surgery (APDS), please send a copy this form along with your CV or resume and a letter of recommendation from your Program Chair to the Association's headquarters.

Applications for membership will be reviewed at the next scheduled Board Meeting.