

Association of Program Directors in Surgery



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Email: apds@mindspring.com

APPLICATION FOR MEMBERSHIP

Membership Category:

- Active Program Director - \$425.00
- Active Associate Program Director - \$250.00
- Affiliate (Individual with interest in surgical education) - \$250.00
- ARAS (Association of Residency Administrators in Surgery) - \$250.00
- Resident - \$75.00
- Senior Member (retired, age >70) - \$0.00

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 of this form along with your CV or resume and a letter of recommendation from your Program Chair or Director by email to apds@mindspring.com.

Applications for membership will be reviewed at the next scheduled Board Meeting. You will be asked to submit dues payment, and complete a member intake profile before your membership can be activated.