

# Membership Application

Spring Meeting 2008 – Spring Meeting 2009

## Membership Dues:

\$35 Faculty, \$10 Fellows, Residents, Retirees

Membership is free for the first year for new faculty members

Please complete on computer and mail to the address below

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Preferred Mailing Address

Line 1:

\_\_\_\_\_

Line 2:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Faculty Appointment (e.g. Associate Clinical Professor of Surgery):

\_\_\_\_\_

Department: \_\_\_\_\_

Please make your check payable to WFSOM Membership, and mail it with this form to:

Jihane Faress, M.D.

11100 Euclid Avenue

Cleveland, OH 44106

Phone: 216-844-8489

Fax: (216) 844-8708

Email: [WFSOM@case.edu](mailto:WFSOM@case.edu)