

# The University of Oklahoma Surgical Society

## Membership Directory Information Form

Name \_\_\_\_\_

Office \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Web site \_\_\_\_\_

Dates Residency from \_\_\_\_\_ to \_\_\_\_\_

Fellowship from \_\_\_\_\_ to \_\_\_\_\_

OU Faculty from \_\_\_\_\_ to \_\_\_\_\_

Specialty \_\_\_\_\_

Present Practice    Group    Solo    Academic    Retired    Other (Please Circle)

Home Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children, including names \_\_\_\_\_

\_\_\_\_\_

News \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred mailing address? Office \_\_\_\_\_ or Home \_\_\_\_\_