

**SOCIETY OF CLINICAL SURGERY  
Proposal for Membership Form**

Applicant Last Name: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

Name of Proposer #1: \_\_\_\_\_

Signature of Proposer #1: \_\_\_\_\_

Name of Proposer #2: \_\_\_\_\_

Signature of Proposer #2: \_\_\_\_\_

***End of Application Form***