Society of Pelvic Reconstructive Surgeons
Membership Application

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First Name Middle Last Degree

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Work Address 1

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Work Address 2

______________________ ________ __________ __________
City State Zip Code Country

_________________________ _______________________
Work Phone Work Fax

_____________________________ ___________________________
Work Email address Website address

Items listed above will be included on the website unless otherwise specified.

Bio to be included on the society webpage (please attach an additional sheet if needed):
__Check here to use same bio from previous year (included with this mailing).
__Check here if bio picture is included with this mailing.

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Please mail this membership application to the SPRS office with annual dues of $175.
Membership fees are due on August 1st of each year. Discounts are not available if fees are paid after the deadline.
Resident/Fellow dues are $125 accompanied with a letter of verification from the Department Chair.
Membership dues are payable in US dollars only.

Society of Pelvic Reconstructive Surgeons
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Suite 615
St. Louis, MO 63114
USA