



THE NEW YORK SOCIETY FOR VASCULAR SURGERY

www.nysvs.vascularweb.org

New Membership Application

Please check one of the following:

Vascular Surgeon

Full Active Membership \$150

Vascular Fellow

Candidate Group Membership No Fee

TO: THE EXECUTIVE COUNCIL, THE NEW YORK SOCIETY FOR VASCULAR SURGERY

I hereby submit my application for consideration for active membership in The New York Society for Vascular Surgery and herewith submit the following data for consideration.

Section A

NAME:

(Last)

(First)

(M.I.)

TITLE:

HOSPITAL AFFILIATION (if applicable):

OFFICE ADDRESS:

(Street)

(City)

(State)

(Zip

Code)

Phone: _____ Fax: _____ Cell: _____

E-Mail:

Section B

PROFESSIONAL INFORMATION:

Academic Degrees:



President

Apostolos K. Tassiopoulos, MD
Apostolos.tassiopoulos@stonybrookmedicine.edu

Immediate Past President

Thomas Maldonado, MD
Thomas.maldonado@nyumc.org

Secretary

Mark Song, MD
Mark.song@downstate.edu

Treasurer

Darren Schneider, MD
dbs9003@med.cornell.edu

Councilors at Large

Sharif Ellozy, MD
Igor Laskowski, MD
Alfio Carracio, MD
Robert Rhee, MD



President
Apostolos K. Tassiopoulos, MD
Apostolos.tassiopoulos@stonybrookmedicine.edu

Immediate Past President
Thomas Maldonado, MD
Thomas.maldonado@nyumc.org

Secretary
Mark Song, MD
Mark.song@downstate.edu

Treasurer
Darren Schneider, MD
dbs9003@med.cornell.edu

Councilors at Large
Sharif Ellozy, MD
Igor Laskowski, MD
Alfio Carracio, MD
Robert Rhee, MD



Medical Degrees: _____

Year Of Graduation: _____

Internship:

 (Hospital) _____ (Date)

Residency:

 (Hospital) _____ (Date)

Fellowship:

 (Hospital) _____ (Date)

Page 2

Other Degrees of Specialty Boards:

Hospital appointments (most recent appointment first - past & present):

Medical school appointments (most recent appointment first - past & present):

_____ % Cardiac Surgery _____ % Other _____ %

GIVE TWO NAMES OF ACTIVE NYSVS MEMBERS OF SPONSORS:

(Include address and contact information)

1. _____

(Name) (Phone) (Street) (City)
(State) (Zip Code)

2. _____

(Name) (Phone) (Street) (City)
(State) (Zip Code)

*I AGREE, IF ELECTED TO THE SOCIETY, TO ATTEND MEETINGS AND
CONTRIBUTE TO THE SOCIETY BY THE PRESENTATION OF PAPERS
AND BY ENTERING INTO THE DISCUSSION.*

Signature: _____

Date: _____

**PLEASE RETURN THIS APPLICATION, MEMBERSHIP DUES AND HAVE SPONSORS
SEND SUPPORTING LETTERS TO:**

New York Society for Vascular Surgery
c/o Apostolos Tassiopoulos, MD
Stony Brook Medical Center
101 Nicholls Rd. HSC Level 19 Rm 090
Vascular and Endovascular Surgery
Stony Brook, NY 11794-8191

PLEASE MAKE CHECKS PAYABLE TO:

NEW YORK SOCIETY FOR VASCULAR SURGERY



President
Apostolos K. Tassiopoulos, MD
Apostolos.tassiopoulos@ston
ybrook medicine.edu

Immediate Past President
Thomas Maldonado, MD
Thomas.maldonado@nyumc.
org

Secretary
Mark Song, MD
Mark.song@downstate.edu

Treasurer
Darren Schneider, MD
dbs9003@med.cornell.edu

Councilors at Large
Sharif Ellozy, MD
Igor Laskowski, MD
Alfio Carracio, MD
Robert Rhee, MD