louisiana society of anesthesiologists

2420 Athania Parkway, Suite 101 | Metairie, LA 70001
phone: 504-841-0145 | fax: 504-841-0572
www.lsa-online.org

APPLICATION FOR MEMBERSHIP

Membership Category (check one): ☐Active ☐Resident ☐ Retired ☐Student Date of Application: _____

Full Name: _____ DOB: _____
Last First Middle Init.

Office Address: _____

Phone: (___) _____ Fax: (___) _____

Assistant's Name: _____ E-mail: _____

Home Address: _____

Phone: (___) _____ E-mail: _____

Primary Mailing Address (check one): ☐ Home ☐ Office

MEDICAL EDUCATION

Medical School	*Institution, City, State*	*Year of Graduation*
Internship	*Institution, City, State*	*Dates*
Residency	*Institution, City, State*	*Dates*
Licensed to practice in	*State and Date*	*State and Date*
Certification by:	ABA (Date and Number)	Other (Date and Number)
Present Appointments	*Institution, City, State*	*Dates*

For Physician in Full-Time Training Only:

Present Full Time Training *Hospital*

City, State *Dates (beginning and proposed ending)*

Training Chief

PAYMENT INFO

Payment Amount: *(circle one)* Active Membership: $350.00 Resident Membership: $25.00

Check No. _____ (*Payable to Louisiana Society of Anesthesiologists)*

* Please add $5.00 Credit Card Processing Fee

Credit Card* *(check one)* ☐Visa ☐MasterCard ☐AmEx Date_____ Payment Amount* $_____

Name As On Card _____ Billing Address _____

Account No. _____ Exp. Date _____ **Signature** _____

Please mail completed application with check or credit card info ***to 2420 Athania Parkway, Suite 101 Metairie, LA 70001.***
If you have any questions, please call (504) 841-0145 or e-mail janna@lsa-online.org