

# Mayo Clinic Surgical Society in Honor of James T. Priestley



## Application for Membership

Name (Type in Last, First, Middle Initial)

Your Location:

Mayo Clinic Rochester

Mayo Clinic Florida

Mayo Clinic Health System - Minnesota

Mayo Clinic Arizona

Mayo Clinic Health System - Iowa

Mayo Clinic Health System - Wisconsin

Your specialty:

Breast Surgery

Colon & Rectal Surgery

General Surgery

MIS Surgery

Pediatric Surgery

Thoracic Surgery

Trauma/Critical Care/General Surgery

Cardiovascular Surgery

Endocrine Surgery

HPB Surgery

Oral and Maxillofacial Surgery

Plastic & Reconstructive Surgery

Transplant Surgery

Vascular Surgery

Your Preferred Mailing Address:

Your E-mail Address (Preferred by Priestley Society for **All** Correspondence)

E-mail completed form to: [priestleysociety@mayo.edu](mailto:priestleysociety@mayo.edu)

Jonie Keune & Jennifer Roberts  
Department of Surgery, W12  
Mayo Clinic  
200 1st Street SW  
Rochester, MN 55905