



MIRA

MINIMALLY INVASIVE ROBOTIC ASSOCIATION

MIRA Membership Services
 11300 W Olympic Blvd #600
 Los Angeles CA 90064
 Phone: 310-424-3353 ext. 134
 Fax: 310-437-0585
 Email : membership@mirasurgery.org
 Web Site: www.mirasurgery.org

Application Date: _____

PLEASE TYPE OR PRINT CLEARLY

PLEASE ACCEPT MY APPLICATION FOR THE FOLLOWING MEMBERSHIP CATEGORY (CHECK ONE):

- ACTIVE MEMBER** – an active surgeon in General Surgery, Colon & Rectal Surgery, Urology, Gynecology, or Thoracic Surgery who perform robotic interventions or are actively involved in research or development. **(Membership Dues: \$150 USD annually).**
- CANDIDATE MEMBER** - a resident/fellow or graduate surgeon actively enrolled in a dedicated training program in which robotic interventions form a part of the core curriculum. **(No dues during residency/fellowship).** Candidate status is maintained for up to three (3) years to allow for these members to become integrated in minimally invasive robotic intervention.

Year Residency Completed: _____ **Year Fellowship Completed:** _____

Upon completion of residency/fellowship or when board certified, **annual dues of \$150 USD** will be paid for three (3) years following residency/fellowship. At the end of 3 years, member will be upgraded to Active Member status.

- ASSOCIATE MEMBER** – a physician, nurse, engineer and other healthcare professional who is actively involved in robotic surgery. **(Membership Dues: \$100 USD annually).**

APPLICANT'S FULL NAME:

 (LAST/FAMILY NAME) (FIRST/GIVEN NAME) (MIDDLE NAME OR INITIAL)

MD DO PhD RN LPN PA Other Degrees: _____

Date of Birth (month/day/year): _____ Country of Birth: _____

PROFESSIONAL ADDRESS:

 (Association or Institution)

 (Department)

 (Street Address)

 (City) (State/Province) (Zip/Postal Code)

 (Telephone Number) (Fax Number) (E-Mail Address)

MEDICAL EDUCATION:

 Medical School Institution Dates Attended Degree/Date

 Residency Institution Dates Attended Degree/Date

 Fellowship Institution Dates Attended Title/Department

HOSPITAL APPOINTMENTS (List up to 3 most recent principle appointments only):

Name/Department/Location	Yr of Appt	Staff position/title
Name/Department/Location	Yr of Appt	Staff position/title
Name/Department/Location	Yr of Appt	Staff position/title

ACADEMIC APPOINTMENTS (Past and current):

University	Dates	Title
University	Dates	Title

LICENSURE/SPECIALTY:

License State/Province/Country	Date Issued	License Number
Board Name/Specialty	Date of Certification	

SURGICAL SOCIETY MEMBERSHIPS:

Name	Date of Membership	Office or position held
Name	Date of Membership	Office or position held
Name	Date of Membership	Office or position held

For the following three categories, list only information related to robotics:

RESEARCH

PRESENTATIONS

PUBLICATIONS

REFERENCE:

Name (Please print clearly)	City/State	Phone or E-mail address
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PLEASE ENCLOSE \$100 USD APPLICATION FEE:

- A check (USD only) is enclosed with this application. Please make checks payable to MIRA.
- I authorize you to charge my: VISA MasterCard American Express

CC Number: _____ Expiration Date: _____ Amount: _____

Cardholder Name: _____ Signature: _____