

**Qualifications for Membership in the  
Michigan Society of Thoracic & Cardiovascular Surgeons:**

**Physician Membership Application**

**MEMBERSHIP (Surgeon) - Annual dues \$250 (Payable upon acceptance)**

- Certification from the American Board of Thoracic Surgery
- Established in the practice of thoracic and cardiovascular surgery for a minimum of two (2) years in the state of Michigan.
- Provide names of two MI licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application. **\*They must be current MSTCVS Members**

**MEMBERSHIP (Non-Surgeon Physicians) - Annual dues \$250 (Payable upon acceptance)**

- Have completed training in an approved thoracic and cardiovascular residency program
- Are in the process of acquiring certification
- Are licensed to practice in the State of Michigan
- Provide names of two MI licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application. **\*They must be current MSTCVS Members**

**SENIOR MEMBERSHIP – Annual Dues \$150 (Payable upon acceptance)**

- Same qualifications as Surgeon and Non-Surgeon membership
- All members who have attained age 65 and remain in active practice

**RETIRED MEMBERSHIP – Annual Dues – NO FEE**

- Must be retired from Active membership
- MSTCVS must receive notification of retirement

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**To apply for membership, simply complete and return the following:**

- 1. The attached Application for Membership**
- 2. A copy of your CV**
- 3. A copy of your general & thoracic surgery certificate**
- 4. If retired; notification stating you are retired**

By Mail:  
Attention Membership  
PO Box 411  
Williamston, MI 48895  
By fax: (517) 252-4334

By email: [admin@mstcvs.org](mailto:admin@mstcvs.org)

# Application for Membership

 Active

 Active (Non Surgeon)

 Senior Member

 Retired Member

Name:

Last	First	Middle
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Mailing Address:

Street	City	Zip
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Phone #:

Fax #:

	Date of Birth:
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Place of Birth:

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Spouse's Name:

E-Mail address:

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Practice Name:

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### Education/Experience

### School/Location/Degree

### Dates

Premedical Education		
Medical Education		
Internship		
Residency/Other Graduate		
Practice Experience (since residency)		
(attach addition sheet if necessary)		

### Board Certifications

### Date of Certificate

### Certificate Number

American Board of Surgery		
Board of Thoracic Surgery		
Royal College of Surgeons		
Other Professional Memberships (attach additional sheet if necessary)		

Date licensed to practice in Michigan  
(must be 2 years for Active Membership): \_\_\_\_\_

Medical License  
#: \_\_\_\_\_

List two MI licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application. **\*They must be a current MSTCVS Members** (Membership list available upon request)

1.

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2.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_