

Michigan Society of Thoracic & Cardiovascular Surgeons

Associate Membership Application – Dues \$150

Scientists at the doctorate level conducting research in the field of thoracic surgery, cardiologists, physician assistants, perfusionists, nurses, nurse practitioners, practice administrators, data managers and other non-physician allied health care professionals who support and work directly with thoracic surgeons shall be eligible for Associate membership.

(Please Type or Print)

NAME _____
(Last) (First) (Middle)

EMPLOYER: _____

POSITION: _____

OFFICE ADDRESS _____
(Street)

(City, State and Zip)

OFFICE PHONE _____ FAX _____

OFFICE EMAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____
(Street)

(City, State and Zip)

HOME PHONE _____ FAX _____

HOME E-MAIL _____ SPOUSE _____

UNIVERSITY ATTENDED _____ FROM _____ TO _____

DEGREE _____ ADDITIONAL TRAINING _____

LICENSES OR CERTIFICATIONS (Please list)

TYPE	DATE
_____	_____
_____	_____
_____	_____

List two MSTCVS Members who will provide a reference and sponsor this application:

(1) _____

(2) _____

Signature of Applicant: _____ Date _____

PLEASE RETURN APPLICATION AND \$150 CHECK PAYABLE TO:

Michigan Society of Thoracic and Cardiovascular Surgeons
Attention Membership
PO Box 411
Williamston, MI 48895
(517) 252-4324 / FAX (517) 252-4334 / admin@mstcvs.org