



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

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

- Thoracic and cardiovascular surgeons certified by the American Board of Thoracic Surgery or certified by the American Board of Osteopathic Surgery shall be eligible for active membership.
- Must be thoracic and cardiovascular surgeons who are employed in the field of thoracic and cardiovascular surgery or in leadership positions within their health care system.

SENIOR MEMBERSHIP (Surgeon) – Annual Dues – NO FEE

- All members who have attained age 70

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**

By Mail:
Attention Membership
PO Box 411
Williamston, MI 48895
By fax: (517) 252-4334
By email: admin@mstcvs.org

Application for Membership

 Active

 Senior

Name:

Last

First

Middle

Mailing Address:

Street

City

Zip

Phone #:

Fax #:

Place of Birth:

Date of Birth:

Practice/Hospital:

E-Mail address:

Spouse Name:

Spouse E-Mail address:

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 _____ Medical License #: _____

List two licensed thoracic/cardiovascular surgeons who will provide references for this application.

1. _____

2. _____

Signature: _____ Date: _____