

Women in Thoracic Surgery

Membership Application

Name: _____

Title: _____

Institution: _____

Group Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____ E-mail: _____

► Please provide the following information:

- Type of practice (*circle one*): Academic Private Practice Other
- Type of surgery (*circle all that apply*):
Adult Cardiac Pediatric Thoracic Other
- Your areas of interest (*circle all that apply*):
Membership Education Scholarship
Newsletter Mentoring Other (*please specify*): _____

Signature: _____

DUES PAYMENT INFORMATION

► U.S. Active - \$150 International - \$75 Residents/Students - No charge

Make check payable to: Women in Thoracic Surgery (*Tax ID#: 30-0003353*)

To pay by credit card: ___ Visa ___ MasterCard ___ American Express

Card number: _____ Exp date: _____

Card billing address: _____

Name *as it appears on card*: _____

Signature: _____

*Please note the credit card charge will show The Society of Thoracic Surgeons.
If you have questions, contact Nancy Puckett at 312.202.5819 or wts@wtsnet.org.*

► Submit this form one of the following ways:

Mail: 633 N. Saint Clair St., Suite 2320, Chicago, IL 60611 USA

Fax: 312-202-5829

E-mail: wts@wtsnet.org