

# *General Thoracic Surgical Club*

## *Application for Membership*

(Please type)

NAME:

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

OFFICE ADDRESS:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip Code)

HOME ADDRESS:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip Code)

COUNTRY:

\_\_\_\_\_

OFFICE PHONE:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_  
(Month/Day/Year)

YEAR CERTIFIED IN THORACIC SURGERY:

\_\_\_\_\_

CERTIFICATE NUMBER:

\_\_\_\_\_

PERCENT OF PRACTICE DEVOTED TO GENERAL THORACIC SURGERY:

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

- The Application for Membership must be signed by two Active Members of the General Thoracic Surgical Club certifying that the above information is correct.
- The Active Members must each enclose a sponsoring letter with this application form.
- A complete list of one year's cases signed by the applicant and the applicant's Chief of Surgery must be enclosed.

\_\_\_\_\_  
(Signature of Active Member)

\_\_\_\_\_  
(Signature of Active Member)

\_\_\_\_\_  
(Name of Active Member, Typed or Printed)

\_\_\_\_\_  
(Name of Active Member, Typed or Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Return completed applications to:

Mark S. Allen, M.D.  
General Thoracic Surgical Club  
Mayo Clinic  
200 First Street, SW  
Rochester, MN 55905  
U.S.A.

**General Thoracic Surgical Club**  
**List of Operative Procedures**

Name of Applicant: \_\_\_\_\_

Inclusive Dates: From \_\_\_\_\_ to \_\_\_\_\_

**ALL INFORMATION ON THIS FORM IS TO BE TYPED**

I have reviewed the attached list and certify that it is an accurate record of the operative procedures I performed during the time period indicated above.

I have reviewed the attached list and certify that it is an accurate record of the operative procedures the applicant performed during the time period indicated above.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Chief of Surgery)

\_\_\_\_\_  
(Name of Chief of Surgery, typed)

Date (mm/dd/yy)	Diagnosis (do not use CPT codes or abbreviations)	Procedure (do not use CPT codes or abbreviations)

<b>Date</b> (mm/dd/yy)	<b>Diagnosis</b> (do not use CPT codes or abbreviations)	<b>Procedure</b> (do not use CPT codes or abbreviations)