

General Thoracic Surgical Club

Application for Candidate 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)

(Signature of Active/Senior 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 .