

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 (if applicable): _____

CERTIFICATE NUMBER (if applicable): _____

RESIDENCY PROGRAM (if applicable): In year _____ of _____

PERCENT OF PRACTICE DEVOTED TO GENERAL THORACIC SURGERY
(if applicable): _____

(Signature of Applicant)

(Date)

(Signature of Active/Senior Member)

(Signature of Chief of Surgery)

(Name of Active/Senior Member, Typed or Printed)

(Name of Chief of Surgery, Typed or Printed)

(Date)

(Date)

Applications for Candidate membership must be accompanied by a letter of support from the chief(s) of surgery at their institution(s) and have sponsorship by at least one Active or Senior member of the Club.

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.**