



General Thoracic Surgical Club

1935 County Road B2 W, Ste 165 | Roseville, MN 55113

Email: info@gtsc.org | Phone: (952) 646-2048

Your Name & Degree: _____

Institution/Hospital: _____ **Email:** _____

Your Membership Type:

Please note we do ask that Sponsors are current on their membership dues. You can confirm by logging in [here](#).

- Active Member** **Senior Member**

- Non-Member** (*applicable for Candidate applicants only*)
 - I am the Chief of the Department, Division or Surgery at the applicant's institution
 - I am not a member of GTSC but am familiar with the applicant's practice

Applicant's Name: _____

Member Type Applicant is Applying for:

- Active Member** **Candidate Member**
[Membership Requirements](#) [Membership Requirements](#)

- I attest that the applicant is an outstanding candidate for membership with GTSC**

Sponsor Comments (Optional):

Please complete and remit back to the applicant.
They cannot submit their membership application without a completed Sponsor Form.

Thank you!