

APPLICATION TERMS AND CONDITIONS

In furtherance of my application for membership in The Society of Thoracic Surgeons, I hereby request and authorize any hospital where I now have, had, or have applied for employment, and any professional organization of which I am a member or to which I have applied for membership, and any person who may have information (including medical records, patient records, and reports of committees) which is deemed by the Society to be material to its evaluation of my fitness for membership to provide such information to representatives of the Society upon their request. I agree that communications of any nature made to the Society regarding my fitness for membership shall be made in confidence and shall not be made available to me under any circumstances. I hereby release from liability the Society and its officers, directors, members, agents, and employees, and the providers of any information about me, and each of them, and agree to save and hold each of them harmless from and against all claims, costs and expenses (including reasonable attorneys' fees), demands, actions and liability arising from or relating to acts performed in good faith and without malice in connection with the provision, collection, or evaluation of the information or opinions, whether or not requested or solicited, concerning my application for membership in the Society.

I hereby represent and warrant that the information provided on this application for membership is accurate and complete. I agree that I will not cause or attempt to cause any public disclosure of the contents of any application for membership in the Society, including my own, or any proceedings of any committees evaluating such applications, whether disclosure is by operation of law or otherwise. Furthermore, I agree that if I am admitted as a member of the Society, I shall abide by the Bylaws and rules of the Society.

Signature of Applicant: _____ Date: _____

VERIFICATION OF PROFESSIONAL STATUS

I, _____, confirm that the applicant is an allied health care professional with whom I work and who supports and works directly with thoracic surgeons. He/she is ethically and morally fit for STS Associate Membership.

Signature: _____

Relationship with Applicant: _____ Date: _____

Application materials, annual membership dues payment of \$250.00 (\$187.50 after April 1, \$125.00 after July 1, \$62.50 after October 1), and curriculum vitae should be sent to:

Membership Department – The Society of Thoracic Surgeons
633 North Saint Clair St., Suite 2320 Chicago, IL 60611
fax: (312) 268-7490 email: membership@sts.org

PAYMENT INFORMATION

*Dues as Tax Deductions (for US tax purposes)

Contributions or gifts to The Society of Thoracic Surgeons are not deductible as charitable contributions for federal income tax purposes. Payment of membership dues may be deductible as a professional and necessary business expense, to the extent allowable by law. Twenty-five percent (25%) of the 2010 membership dues are nondeductible, per IRS regulations, to reflect projected STS 2010 lobbying expenses. Please consult your tax advisor.

Please make check payable to "The Society of Thoracic Surgeons"

___ American Express ___ Visa ___ Master Card ___ Money Order ___ Check Enclosed

Card Number _____ Expiration Date _____

Signature _____ Zip Code _____

STS BYLAWS: SECTION 8. ASSOCIATE MEMBERS.

(a) Qualifications.

(i) Scientists at the doctorate level conducting research in the field of thoracic surgery, physician assistants, perfusionists, nurses, nurse practitioners, practice administrators, data managers and other allied health care professionals who support and work directly with thoracic surgeons shall be eligible for Associate Membership.

(ii) An applicant for Associate Membership must possess ethical and moral fitness, as well as professional proficiency, as determined, in part, on the basis of reports from members consulted as references, reports from other references and other information.