



THE SOCIETY OF THORACIC SURGEONS

Application For Candidate Membership

Name: _____
Last First MI Degree

Date of Birth: _____ Gender: M F

Current Academic Affiliation and Title: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-mail: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred Mailing Address: Home Office

EDUCATION/LICENSURE

Institution Granting Medical Degree: _____ Year: _____

Site of Resident Training in CT Surgery: _____

Actual or Anticipated Date of Completing CT Surgery Residency: _____

Name of Program Director: _____

Program Director E-mail: _____

(Note: Your Program Director must sign the sponsorship section of this form on page 2.)

State(s), province(s), or country(ies) in which licensed/certified to practice medicine:

License/Certification Number(s): _____ Date(s) Issued: _____

APPLICATION TERMS AND CONDITIONS

In furtherance of my application for membership in The Society of Thoracic Surgeons, I hereby request and authorize any hospital or medical staff where I now have, have had, or have applied for medical staff privileges, and any medical 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 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 compete. 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 or 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: _____



Program Director Verification

(Please have your Program Director complete this section.)

I, _____, confirm that the applicant (a) is a resident in good standing in the CT Surgery residency program for which I am Program Director, or (b) has matched into such a program, or (c) has completed a CT Surgery residency program for which I was Program Director and is now in the process of acquiring certification in cardiothoracic surgery. He/she is ethically and morally fit for STS Candidate Membership.

Signature: _____

Residency Program Institution: _____

Date: _____

Application materials, annual membership dues of \$100.00 (\$75.00 after April 1, \$50.00 after July 1, and \$25.00 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
(312) 268-7490 (fax)/membership@sts.org (email)**

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 _____

The Society of Thoracic Surgeons (STS) is the largest cardiothoracic surgical organization in the world; the members of STS include a significant majority of all board certified cardiothoracic surgeons in the United States and Canada, as well as many prominent cardiothoracic surgeons from around the world.

The objectives of the Society include: improving the quality and practice of thoracic surgery as a specialty; promoting the professional and educational development of surgeons, researchers and allied health professionals specializing in the field of cardiothoracic surgery and encouraging, representing, and sponsoring those who have entered this field; providing a forum and publication for scientific presentations and discussions; promoting and supporting basic standards in the education programs of cardiothoracic surgery; and encouraging basic and clinical research in the field of cardiothoracic surgery.

Excerpts from STS Bylaws: Section 6. Candidate Members.

(a) Qualifications.

(i) An applicant for Candidate Membership shall be matched or enrolled in a thoracic surgery educational program accredited by the Residency Review Committee for Thoracic Surgery under the authority of the Accreditation Council for Graduate Medical Education, a program approved for thoracic surgery education by the American Osteopathic Board of Surgery, or a program approved for thoracic surgery education by the Royal College of Surgeons of Canada or its equivalency. Individuals who have completed their education in one of the above programs and are in process of acquiring certification in thoracic surgery by the American Board of Thoracic Surgery, the American Osteopathic Board of Surgery in Thoracic and Cardiovascular Surgery, or the Royal College of Surgeons of Canada or its equivalency also are eligible to apply for Candidate Membership. In addition, any individual outside the United States and Canada who is enrolled in an accredited or otherwise recognized thoracic surgery educational program may apply for Candidate Membership.

(ii) An applicant for Candidate 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.

