**A close up of a sign

Description automatically generated**

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

Email: [info@gtsc.org](mailto: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*](https://www.gtsc.org/i4a/ams/amslogin.cfm)*.*

**□ Active Member □ Senior Member**

**□ Non-Member** *(applicable for Candidate applicants only)*

**□** I am the Chief of the Department or the Division of 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*](https://www.gtsc.org/i4a/pages/index.cfm?pageid=3375)[*Membership Requirements*](https://www.gtsc.org/i4a/pages/index.cfm?pageid=3376)

**□ 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!