

General Thoracic Surgical Club

Application for Membership

Thank you for your interest in the General Thoracic Surgical Club. We hope you will consider joining.

Applicants must have spent two years in practice after completing their thoracic surgery residency training before applying for membership in the General Thoracic Surgical Club. Membership requirements include a practice of at least 50 percent general thoracic surgery and thoracic board certification, either U.S. or a non-U.S. equivalent. The following application form must be completed and signed by two active members of the Club. A sponsoring letter from each of these members verifying your interest and case load in general thoracic surgery as well as supporting your membership is also necessary. Finally, you must submit a list of surgical cases from the past twelve months, which must be validated by your chief of surgery.

The Executive Committee meets at the beginning of each month to review complete applications and vote on new memberships. If elected to membership, the initiation fee is \$300 (U.S.) and the yearly membership dues are \$395 (U.S.), both of which are payable upon membership notification.

Once again, thank you for your interest in the General Thoracic Surgical Club. If you have any questions, please do not hesitate to contact me.

General Thoracic Surgical Club
5841 Cedar Lake Road Suite 203
Minneapolis, MN 55416
Phone: 952-646-2048
info@gtsc.org

General Thoracic Surgical Club

Application for 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:

CERTIFICATE NUMBER:

PERCENT OF PRACTICE DEVOTED TO GENERAL THORACIC SURGERY:

(Signature of Applicant)

(Date)

- The Application for Membership must be signed by two Active Members of the General Thoracic Surgical Club certifying that the above information is correct.
- The Active Members must each enclose a sponsoring letter with this application form.
- A complete list of one year's cases signed by the applicant and the applicant's Chief of Surgery must be enclosed.

(Signature of Active Member)

(Signature of Active Member)

(Name of Active Member, Typed or Printed)

(Name of Active Member, Typed or Printed)

(Date)

(Date)

Return completed applications to:

Attn: Tanya Baker
General Thoracic Surgical Club
5841 Cedar Lake Road, Suite 204
Minneapolis, Minnesota 55416
P: 952-646-2048
F: 952-545-6073
info@gtsc.org

General Thoracic Surgical Club
List of Operative Procedures

Name of Applicant: _____

Inclusive Dates: From _____ to _____

ALL INFORMATION ON THIS FORM IS TO BE TYPED

I have reviewed the attached list and certify that it is an accurate record of the operative procedures I performed during the time period indicated above.

I have reviewed the attached list and certify that it is an accurate record of the operative procedures the applicant performed during the time period indicated above.

(Signature of Applicant)

(Signature of Chief of Surgery)

(Name of Chief of Surgery, typed)

Date (mm/dd/yy)	Diagnosis (do not use CPT codes or abbreviations)	Procedure (do not use CPT codes or abbreviations)

Date (mm/dd/yy)	Diagnosis (do not use CPT codes or abbreviations)	Procedure (do not use CPT codes or abbreviations)