



5841 Cedar Lake Road, Suite 204 | Minneapolis, MN 55416  
952-646-2048 | Fax 952-545-6073 | [info@gtsc.org](mailto:info@gtsc.org)  
[www.gtsc.org](http://www.gtsc.org)

### Membership Renewal Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Designation(s): \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Member Type	Yearly Membership Dues
Active Member	\$395
Candidate Member	\$50

#### Please Check All that Apply:

- Physician     Researcher     Physician Assistant     Industry Professional     Resident  
 Student     Fellow     Healthcare Professional     Other: \_\_\_\_\_

#### Payment Information

Total Amount Due: \_\_\_\_\_

Billing Address associated with the Card: \_\_\_\_\_

Billing Zip Code associated with the Card: \_\_\_\_\_

Payment Type:     Visa     MasterCard     American Express     Check No.

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature \_\_\_\_\_

Name (clearly written): \_\_\_\_\_