



FLORIDA SOCIETY OF THORACIC & CARDIOVASCULAR SURGEONS

Allied Health Professional Membership

Qualifications:

Any allied health professional that is employed in the field of cardiovascular and thoracic surgery in the State of Florida and who is nominated by an Active member of the Society. (i.e. – Administrators, Billing Managers, PA’s, Perfusionists, Nurses.)

Dues:

Annual dues will be \$100.00 per member. (Payable upon acceptance)

Allied Health Professional Members shall have all the rights and privileges of active members, except they shall not vote or hold office.

To apply for membership, simply complete and return the following:

1. **The attached Application for Membership**
2. **A copy of your CV**
3. **The \$50 Application Fee**

By Mail:

Florida Society of Thoracic & Cardiovascular Surgeons,
883 7th Avenue South, Jacksonville Beach, Florida 32250

By email: Shelly@fstcs.org

\$50 APPLICATION FEE					
METHOD OF PAYMENT:					
<input type="checkbox"/> Check Make payable to FSTCS		Check #	<input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Account #		Exp Date		CVV#	
Cardholder Name					
Cardholder Phone #					
Credit Card Billing Address (Include zip)					
Signature					



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ALLIED HEALTH PROFESSIONAL APPLICATION FOR MEMBERSHIP

Name:	Last:	First:	Middle:
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Employer:	Position:
Office Address:	City: Zip:
Office Phone #:	Office Email:

Home Address	City: Zip:
Cell Phone #:	Home E-Mail:
Place of Birth:	Date of Birth:
Spouse's Name:	

LICENSES OR CERTIFICATIONS (please list)

Type	Date

REFERENCE

List an FSTCS Member who will provide a reference and sponsor this application (Membership list available upon request)

Sponsor Name:			
Sponsor Email:		Sponsor Phone:	

Applicant Signature:	Date:
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