



# FLORIDA SOCIETY OF THORACIC & CARDIOVASCULAR SURGEONS

## Allied Health Professional Membership 2021

### 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,  
5101 Ortega Blvd  
Jacksonville, Florida 32210

By fax: (904) 671-6131 By email: [Bridget@fstcs.org](mailto:Bridget@fstcs.org)

<b>\$50 APPLICATION FEE</b>					
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					



# FLORIDA SOCIETY OF THORACIC & CARDIOVASCULAR SURGEONS

## ALLIED HEALTH PROFESSIONAL APPLICATION FOR MEMBERSHIP

<b>Name:</b>	Last:		First:		Middle:	
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Employer:		Position:	
Office Address:		City:	Zip:
Office Phone #:		Office Email:	

Home Address		City:	
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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