



# SOUTHERN THORACIC SURGICAL ASSOCIATION

## APPLICATION FOR ASSOCIATE MEMBERSHIP

(Please complete both sides)

### GENERAL

NAME: \_\_\_\_\_  
LAST FIRST MI DEGREE

DATE OF BIRTH: \_\_\_\_\_ GENDER:  M  F

CURRENT HOSPITAL/HEALTH SYSTEM AFFILIATION: \_\_\_\_\_

CURRENT EMPLOYER (If different from above): \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP/POSTAL CODE

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP/POSTAL CODE

PREFERRED MAILING ADDRESS:  OFFICE ADDRESS  HOME ADDRESS

### EDUCATION

HIGHEST DEGREE EARNED: \_\_\_\_\_ YEAR: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

### PROFESSION

(SELECT ALL THAT APPLY)

\_\_\_\_ DATA MANAGER                      \_\_\_\_ PHYSICIAN ASSISTANT  
\_\_\_\_ NURSE                                      \_\_\_\_ PRACTICE ADMINISTRATOR  
\_\_\_\_ NURSE PRACTITIONER                      \_\_\_\_ RESEARCH SCIENTIST  
\_\_\_\_ PERFUSIONIST                              \_\_\_\_ OTHER (Please specify) \_\_\_\_\_

### PRACTICE

\_\_\_\_ Salaried – Academic Medicine (medical school or university)                      \_\_\_\_ Salaried – HMO Employed (eg, Kaiser)  
\_\_\_\_ Salaried – Government (national health service, military, VA)                      \_\_\_\_ Private Practice (solo)  
\_\_\_\_ Salaried – Hospital Employed                      \_\_\_\_ Private Practice (group)  
\_\_\_\_ Other (please specify): \_\_\_\_\_

What percentage of your time is devoted to (must equal 100%):

Adult Cardiac Surgery \_\_\_\_%    Adult Congenital Cardiac Surgery \_\_\_\_%    Vascular Surgery \_\_\_\_%  
General Thoracic Surgery \_\_\_\_%    Pediatric Congenital Cardiac Surgery \_\_\_\_%    Critical Care \_\_\_\_%  
Other \_\_\_\_% (please specify): \_\_\_\_\_

**THIRD-PARTY VERIFICATION**

(Please have an STSA Member complete this section. Visit [www.stsa.org](http://www.stsa.org) to view the membership directory or contact STSA at [stsa@stsa.org](mailto:stsa@stsa.org) or 312.202.5892 to verify that status of an individual’s membership.)

I, \_\_\_\_\_, confirm that the applicant is an allied health care professional with whom I work and who supports and works directly with cardiothoracic surgeons. He/ she is ethically and morally fit for STSA Associate Membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**BASIC REQUIREMENTS FOR STSA ASSOCIATE MEMBERSHIP**

Associate Membership is for scientists conducting research in the field of thoracic surgery, physician assistants, perfusionists, nurses, nurse practitioners, practice administrators, data managers and other health care professionals who support and work directly with cardiothoracic surgeons.

An applicant for Associate Membership must at the time of acceptance be working in field of allied health related to the practice of cardiothoracic surgery in one of the following states or regions: Alabama; Arkansas; Florida; Georgia; Kentucky; Louisiana; Maryland; Mississippi; Missouri; North Carolina; Oklahoma; South Carolina; Tennessee; Texas; Virginia; West Virginia; District of Columbia; the U.S. territories and commonwealths in the Caribbean.

Active status will not become effective, nor certificate of membership presented, until the applicant attends one of the next four annual meetings following initial election to the membership. Failure to comply with this procedure will require reapplication for membership.

Annual membership dues are \$50, to be billed after membership application is accepted. New Associate Members are also subject to a one-time \$25 initiation fee.

**INSTRUCTIONS TO APPLICANTS**

1. Review the requirements for membership and complete this application.
2. Have one member of the Southern Thoracic Surgical Association read the completed application, review the requirements, and sign the Third-Party Verification portion of the application.
3. Mail or e-mail the completed application and a current version of your CV to the address below.
4. The deadline for consideration of any application is September 15. Applications received after September 15 will be deferred to the following year’s committee.

Dr. Edward P. Chen, Membership Committee Chair  
Southern Thoracic Surgical Association  
633 N. Saint Clair St., Floor 23  
Chicago, IL 60611-3658  
(312) 202-5892 Fax: (773) 289-0871  
E-mail: [stsa@stsa.org](mailto:stsa@stsa.org)

**Contact STSA Headquarters with questions at (312) 202-5892 or [stsa@stsa.org](mailto:stsa@stsa.org).**

**Learn more about STSA Associate Membership at [www.stsa.org/membership](http://www.stsa.org/membership).**