



# Women in Thoracic Surgery

## Associate Membership Application

*The Mission of Women in Thoracic Surgery, Inc. is fourfold: i) to enhance the quality of medical care given to patients of the members; ii) to focus on the development of women thoracic surgeons through a mentoring program; iii) to enhance the education of patients concerning heart and lung disease, particularly but not exclusively, among women; and iv) to enhance the education of women thoracic surgeons through seminars and other training mediums.*

Name: \_\_\_\_\_  
Last First

<input type="checkbox"/> Female
<input type="checkbox"/> Male

Title: \_\_\_\_\_ Degree: \_\_\_\_\_

Affiliation with cardiothoracic surgery: \_\_\_\_\_

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

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

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please note that WTS does not rent, sell, or distribute the e-mail addresses of its members.*

<b>Please provide the following information:</b>			
▪ <b>Type of work setting (circle one):</b>			
Academic	Private Practice	Other: _____	
▪ <b>Type of surgery (circle all that apply):</b>			
Adult Cardiac	Pediatric	Thoracic	
Research	Administration	Industry	Other: _____

**Qualifications:** Associates as a category of membership shall be reserved for individuals of all backgrounds who wish to demonstrate their support and dedication to the WTS mission including members of allied health professions. The Board of Directors must approve all Associates.

**Application:** Completed applications for Associate membership shall be reviewed by the Executive Committee. Acceptance of an applicant into Associate membership shall require the favorable vote of a majority of the Executive Committee. Every newly elected Associate member shall be notified with an official letter of membership bearing the seal of the organization and reflecting the signature of the President.

**Rights and Duties:** Associates shall possess all the rights, duties, privileges and obligations of Active Members; however, Associate members shall not be eligible for election to the Board of Directors nor shall they hold office or have voting privileges. Associate members shall be subject to the same dues or assessments of Active Members but additional underwriting contributions to WTS will be most welcome and shall receive public recognition at general membership meetings and in WTS publications.

► **Signature:** \_\_\_\_\_

**Submit this form one of the following ways:**

**Mail:** WTS, 633 N. Saint Clair St., Suite 2320, Chicago, IL 60611 USA

**Fax:** 312-202-5829 or **E-mail:** [wts@wtsnet.org](mailto:wts@wtsnet.org)