



Florida Society of Thoracic & Cardiovascular Surgeons

Allied Health Professional Membership 2019

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.

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. The \$50 application fee

By Mail:

Florida Society of Thoracic & Cardiovascular Surgeons,
 1000 Riverside Avenue, #220
 Jacksonville, Florida 32204

By fax: (904) 356-4118

By email: fstcs@comcast.net

\$50 APPLICATION FEE		
METHOD OF PAYMENT:		
<input type="checkbox"/> Check # _____ Make payable to FSTCS <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		

**ALLIED HEALTH PROFESSIONAL
APPLICATION FOR MEMBERSHIP**

(Please Type or Print)

NAME _____
(Last) (First) (Middle)

EMPLOYER: _____

POSITION: _____

OFFICE ADDRESS _____
(Street)

(City, State and Zip)

OFFICE PHONE _____

OFFICE EMAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____
(Street)

(City, State and Zip)

HOME PHONE _____ CELL PHONE _____

HOME E-MAIL _____ SPOUSE _____

LICENSES OR CERTIFICATIONS (Please list)

TYPE	DATE
_____	_____
_____	_____
_____	_____
_____	_____

List an FSTCS Member who will provide a reference and sponsor this application:

SPONSOR NAME _____

SPONSOR EMAIL _____ SPONSOR PHONE _____

Signature of Applicant: _____ Date _____