Florida Society of Thoracic & Cardiovascular Surgeons

5101 Ortega Blvd ~ Jacksonville, FL 32210
Phone 904-356-9300 ~ Fax 904-671-6131
www.fstcs.org ~ Bridget@fstcs.org

Qualifications for membership in the Florida Society of Thoracic & Cardiovascular Surgeons:

ACTIVE MEMBERSHIP- Annual dues $500 (Payable upon acceptance)

- Certification from the American Board of Thoracic Surgery
- Established in the practice of thoracic and cardiovascular surgery for a minimum of two (2) years in the state of Florida.
- Provide names of two FL licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application. ***One must be a current FSTCS Member**

ASSOCIATE MEMBERSHIP - Annual dues $450 (Payable upon acceptance)

- Have completed training in an approved thoracic and cardiovascular residency program
- Are in the process of acquiring certification
- Are licensed to practice in the State of Florida
- Provide names of two FL licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application. ***One must be a current FSTCS Member**

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

1. **The attached Application for Membership**
2. **A copy of your CV and**
3. **The $50 application fee**

By Mail:

Florida Society of Thoracic & Cardiovascular Surgeons
5101 Ortega Blvd
Jacksonville, Florida 32210

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

$50 APPLICATION FEE					
METHOD OF PAYMENT:					
❑ Check Make payable to FSTCS	Check # ________		❑ AMEX ❑ MasterCard ❑ Visa		
Account #		Exp Date		CVV#	
Cardholder Name					
Cardholder Phone #					
Credit Card Billing Address (Include zip)					
Signature					

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Application for Membership

❑ Active Member ❑ Associate Member

Name:	Last:		First:		Middle:	
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:						

Education/Experience	**School/Location**	**Dates**
Premedical Education		
Medical Education		
Internship		
Residency/Other Graduate		
Practice Experience (since residency)		
(attach addition sheet if necessary)		

Board Certifications	**Date of Certificate**	**Certificate Number**
American Board of Surgery		
Board of Thoracic Surgery		
Royal College of Surgeons		
Other Professional Memberships (attach additional sheet if necessary)		

Date licensed to practice in FL: (must be 2 years for Active Membership)		Medical License #:	

List two FL licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application. ***One must be a current FSTCS Member** (Membership list available upon request)

1. Name:		Email:	
2. Name:		Email:	
Signature:		Date:	