



# CATS

CANADIAN ASSOCIATION OF THORACIC SURGEONS  
L'ASSOCIATION CANADIENNE DE CHIRURGIE THORACIQUE

## Active Membership Application

*(Please type or print)*

Date \_\_\_\_\_

1. Applicant's Name in full \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

2. Date and Place of Birth \_\_\_\_\_ Country \_\_\_\_\_

*Please check preferred mailing address:*

3.  Office Address \_\_\_\_\_

CITY PROVINCE/STATE POSTAL CODE COUNTRY

Tel. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
AREA CODE AREA CODE

4.  Residence Address \_\_\_\_\_

CITY PROVINCE/STATE POSTAL CODE COUNTRY

5. **EDUCATION** Institution Degree & Date Awarded

College/University \_\_\_\_\_

Medical School \_\_\_\_\_

Postgraduate Training \_\_\_\_\_

Type	Institution	Program Director	Inclusive Dates
Internship	_____	_____	_____
Residency	_____	_____	_____
Fellowship	_____	_____	_____
Other	_____	_____	_____

6. **HOSPITAL APPOINTMENTS** (begin with current)

Institution	Inclusive Dates
_____	_____
_____	_____
_____	_____
_____	_____

7. **ACADEMIC APPOINTMENTS** (begin with current)

(Please check one)

Institution	Title	Clinical?	Full Time?	Inclusive Dates

8. **Full Membership: \$130.00 Annual Dues ( dues are from September to August)**  
**Resident Membership \$no charge Annual Dues**

**All funds are in Canadian dollars.**

**PLEASE MAKE CHEQUE PAYABLE TO:**

**Canadian Association of Thoracic Surgeons**

**Mail to:**

Joanne Clifton, MSc  
 Secretariat  
 Canadian Association of Thoracic Surgeons  
 c/o Department of Surgery  
 910 West 10<sup>th</sup> Avenue, 3<sup>rd</sup> Floor  
 Vancouver, B.C. V5Z 4E3  
 CANADA

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DR. RICHARD FINLEY AT (604) 875-4136  
 OR JOANNE CLIFTON AT (604) 875-5355