



INSTITUTIONAL MEMBERSHIP APPLICATION

The California Thoracic Society (CTS) Institutional Membership is for institutions, academic departments or companies committed to partnering with CTS in its mission to improve California lung health and, through education and advocacy, advance the science and practice of pulmonary, critical care and sleep medicine. In particular, we are a bridge between academic and community clinicians and scientists. Together with other respiratory care societies in California, we strive to facilitate collaborations in care and research that ensure that patients and their families receive the highest standards of care. We offer a professional home for practitioners who specialize in underserved areas of pulmonary medicine such as pediatric to adult transition of care, adult Cystic Fibrosis, and Pediatric ILD. Our educational activities include annual conferences in Northern and Southern California, workshops, leadership forums and developing and disseminating professional guidelines. Our recent advocacy efforts have focused on public health issues such as climate change, tobacco control and payer policies for access to care issues.

Institutional Members may sponsor faculty members, associates, and graduate students, post-doctoral and clinical fellows, and residents at their institution outlined by the yearly fee structure below. Each membership year is for 12 months.

Please select for which category you are applying:

- Platinum Plus Membership** – *unlimited* Faculty Members and *unlimited* associates & trainees* **\$5,000/year**
Includes FOUR (4) paid registrations for the Annual Carmel Conference (Northern California) and FOUR (4) for the Fall Symposium (Southern California)

- Platinum Membership** – up to 10 Faculty Members and *unlimited* trainees** **\$2,500/year**
Includes TWO (2) paid registrations for the Annual Carmel Conference (Northern California) and TWO (2) for the Fall Symposium (Southern California)

* **associates** includes RNs, NPs, PAs, RTs, RCPs, graduate students, post-doctoral and clinical fellows & residents.

** **trainees** includes graduate students, post-doctoral and clinical fellows & residents.

INSTITUTIONAL MEMBERSHIP INFORMATION

Institutional Name: _____

Contact Person: _____

(if not the faculty member listed)

Department: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone: _____ **Fax:** _____

Web address: _____

PAYMENT INFORMATION

(check made payable to "California Thoracic Society")

Credit Card # _____ **(Visa/MC/AMEX) Exp. Date** _____

Printed Name: _____ **Signature:** _____

Email: _____ **Phone:** _____



To complete this application, please use attached. You must submit at least one faculty member name. You may copy this form if you need to list additional faculty or students.

INSTITUTIONAL MEMBERSHIP APPLICATION

NAMES OF FACULTY MEMBERS:

(list up to 10 for Platinum)

	<u>Full Name, Title, Degree</u>	<u>Email</u>	<u>Phone</u>
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

(attach additional piece of paper if necessary)

NAMES OF ASSOCIATES:

	<u>Full Name, Title, Degree</u>	<u>Email / Phone</u>	<u>RN, NP, PA, RT, RCP (other)</u>
1)			
2)			
3)			
4)			
5)			

NAMES OF GRADUATE STUDENTS, POST-DOCTORAL FELLOWS, RESIDENTS & CLINICAL FELLOWS:

	<u>Full Name, Title, Degree</u>	<u>Email / Phone</u>	<u>Student/Resident or Fellow</u>
1)			
2)			
3)			
4)			
5)			

(attach additional piece of paper if necessary)