

CTS MEMBERSHIP RENEWAL FORM

(For the period covering January 1, 2017 – December 31, 2017) Renew online at www.calthoracic.org

FULL NAME		_ DEGREE	
TITLE			
COMPANY/ORGANIZATION		_	
ADDRESS			
CITY	STATE	ZIP	
PHONE	FAX		
EMAIL	DATE OF BIRTH		
MEMBERSHIP TYPE (Check one):	:		
Active Physician - Active Physician scientists, and other highly qualified objectives of the Society. At the discribe waived for certain workers in scientists shall have the privileges of very scientists.	I health care professionals interestion of the Membership Commi entific fields closely related to	rested in and supportive of the ttee, the degree requirement may	
□ Active Non-Physician - Active Non-Physicia	n the field related to thoracic riety (i.e. NP, RN, RCP, RT). Act	medicine and interested in and	
□ Associate - Associate Membership students, interns, residents, and fellow by his or her Chief of Service or Proactive member, a second sponsor is not members except the privileges of voting to Active membership.	ys. A candidate for Associate Megram Director and a CTS member required. Associate members s	embership shall be recommended ber. If the Chief of Service is an hall have the privileges of active	
other exceptional circumstances may	e reached the age of 65 or who have retired because of illness or request of the Membership Committee, in writing, transfer to shall have all the privileges of active members with the exception		
☐ Honorary - Individuals with a reco respiratory health and disease may be approval of the Membership Committe Committee. Honorary Membership wi Medalists in California, and all recipie privileges of active members.	proposed for Honorary Member ee, candidates may be elected by ill be granted to former ATS Pre-	ship by any member. Following a majority vote of the Executive sidents in California, all Trudeau	

(OVER)

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Active Physician Membership		
☐ 1 year membership (through December 31, 2017)	\$125	
☐ 3 year membership (10% savings)		
☐ 5 year membership (15% savings)	\$563	
☐ 10 year membership (20% savings)		
Active Non-Physician Membership		
☐ 1 year membership (through December 31, 2017)	\$100	
☐ 3 year membership (10% savings)	\$270	
☐ 5 year membership (15% savings)		
☐ 10 year membership (20% savings)	\$800	
Associate Membership ☐ 1 year membership (through December 31, 2017)	\$25	
Senior ☐1 year membership (through December 31, 2017)	\$50	
Honorary Membership (please provide verifying documentation with this application)\$0		
PAYMENT: Choose Method of Payment: Check/Money Order VISA MasterCard All Credit Card #:	MEX	
Expiration Date: Month Year Security Code		

SUBMIT YOUR COMPLETED APPLICATION BY:

FAX to (415) 764-4933 *or* ONLINE at www.calthoracic.org *or* MAIL to: CALIFORNIA THORACIC SOCIETY
575 Market Street, Suite 2125, San Francisco, CA 94105