

INSTITUTIONAL MEMBERSHIP APPLICATION



The California Thoracic Society (CTS) Institutional Membership is for institutions, academic departments, group practices or companies committed to partnering with CTS in its mission to improve California lung health and, through advocacy and education, advance the science and practice of pulmonary, sleep and critical care medicine. Major CTS professional activities include twice-yearly educational CME programs in northern and southern CA conference made up of symposia, workshops, and advanced multidisciplinary skills-based training and a yearly poster competition for researchers and clinicians. Our website and online news brief CTS Inspirations link community clinicians with their academic counterparts to ensure the highest standards of bedside care.

Institutional Members may sponsor a minimum of one faculty member and an unlimited number of graduate students, postdoctoral fellows, residents or clinical fellows at their institution outlined by the following yearly fee structure below. Each membership year is September 1 to August 31.

Please select which category you are applying for*:

- Platinum Plus Membership – unlimited Faculty/Attending Physicians, Program Directors, associates* and unlimited 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 15 individuals (Faculty/Attending, Program Directors) Members, unlimited associates and 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)
- Physician Group Practice Level Membership – up to 6 individuals **\$495/year**
(additional individuals at prorated rate)

*associates includes RNs, NPs, PAs, RTs, RCPs

**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.** _____

Printed Name: _____ **Signature:** _____ **Email:** _____

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

FACULTY MEMBER NAME(S)

(list up to 15 for Platinum, 6 for Physician Group Practice)

For Platinum Plus, attach separate sheet(s)

	<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 GRADUATE STUDENTS, POSTDOCTORAL FELLOWS, RESIDENTS AND 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)