

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 educational in-person CME programs in CA including workshops and advanced multidisciplinary skills-based training and a yearly

poster competition for researchers and clinicians. CTS has also launched a series of virtual educational programs focused on core clinical and translational issues. Our website and online news brief CTS Inspirations link community clinicians with their academic counterparts to ensure the highest standards of bedside care.

Each membership year is July through June of the following year. Members joining before June 2021 would have their memberships valid through June 2022.

Please select which category you are applying for:

- Platinum Plus Membership – Unlimited Faculty/Attending Physicians, associates* and trainees** memberships **\$5,000/year**
 - Includes TEN registrations for the 2022 in-person Annual Conference
 - Includes unlimited registrations for all CTS Virtual programs
 - Institutional member logos are featured prominently on the CTS website
 - \$500 fee for advertising conferences and courses on our website will be waived

- Platinum Membership – Up to 15 Faculty/Attending Physicians, unlimited associates* and trainees** memberships **\$2,500/year**
 - Includes FOUR registrations for the 2022 in-person Annual Conference
 - Includes unlimited registrations for all CTS Virtual programs
 - Institutional member logos are featured prominently on the CTS website
 - \$500 fee for advertising conferences and courses on our website will be waived

- Physician Group Practice Level Membership – up to 6 individuals (additional individuals at prorated rate) **\$495/year**

*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:** _____

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(415) 536-0287 (Phone) ■ (703) 752-4360 (fax)
Email: info@calthoracic.org ■ www.calthoracic.org

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)

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

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

(attach additional pages if necessary)

NAMES OF TRAINEES AND ASSOCIATE PROVIDERS (RRT, RN, NP, ETC.) (UNLIMITED)

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

(attach additional pages of paper if necessary)