



MEMBERSHIP APPLICATION

Name _____
Last First Middle

Permanent Address (Office) _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____
Please note that the above fields are all REQUIRED on your application

Date Of Birth _____ Place _____ Age _____ Sex _____

Preliminary Education:

College _____ Year _____ Degree _____

Medical Education:

College _____ Year _____

Internship:

Program _____ Years _____

Residencies:

Program _____ Years _____

Program _____ Years _____

Program _____ Years _____

Fellowships:

Program _____ Years _____

Program _____ Years _____

Percentage of Congenital Heart Surgery _____

Hospital Staff Appointments:

Medical School or Teaching Appointments:

Year of Certification:

American Board of Surgery _____
Royal College of Surgeons _____
Other (specify) _____

Please attach your most recent CV to the application. Your CV must include a full list of medical societies to which you belong as well as a list of your publications.

Congenital Heart Surgeons' Society member sponsoring this Application:

Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____

SIGNATURE OF SPONSOR _____

A signature from your sponsor is required

Names of two other individuals endorsing this Application:

I. Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Telephone _____ FAX _____ E-mail _____

II. Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Telephone _____ FAX _____ E-mail _____

Applications will not be considered complete if not accompanied by:

1. *A letter from your CHSS member sponsor*
2. *Letters from at least two other sponsors endorsing your application*
3. *Three representative manuscripts considered to represent your most significant work; and*
4. *Proof of training of at least 5 years in congenital heart surgery (demonstrated in the application and also by copies of certificates for relevant fellowships and training, etc.)*

If the letters of support are being sent under separate cover please indicate here _____

If the letters of support are attached please indicate here _____

Your CV and representative manuscripts must accompany this application.

Applicant Signature

Date

Please return your completed Application and requested attachments to:

*James S. Tweddell, M.D.
Membership Chair
Congenital Heart Surgeons' Society
900 Cummings Center, Suite 221-U
Beverly, MA 01915*