

Hospital Appointments & Type of Practice:

- Solo, Group, Clinic: _____
- Medical School Appointment _____
- Present Staff Position:
 Hospital _____
 From _____ To _____

Member of Following Medical & Surgical Societies:

Fellow American College of Surgeons or Royal College of Surgeons:

_____ No _____ Yes, if yes then date _____

Board Certification:

General Surgery _____ No _____ Yes, if yes then date _____

Thoracic _____ No _____ Yes, if yes then date _____

Reference letters from two members of MSTCVS:

1) _____

2) _____

**A COPY OF YOUR GENERAL & THORACIC SURGERY CERTIFICATE
MUST BE ATTACHED TO THIS APPLICATION**

Please return application and \$200 membership fee to:

MSTCVS
 C/O Angie Kemppainen, Executive Director
 120 W. Saginaw
 East Lansing, MI 48823
 Phone: 517-336-7586
 Fax: 517-337-2490
 Email: akemppainen@msms.org

Office Use Only
Date app. rec'd _____
Date mailed to exe. comm. members _____
Committee Action:
Approved: _____
Deferred: _____
Dropped: _____
_____ Active (board certified)
_____ Associate (board eligible)