

**Michigan Society of Thoracic & Cardiovascular Surgeons
Associate Membership Application
for Non-Physician Health Care Providers**

Name _____
(Last) (First) (MI)

Address _____

City _____ MI _____ Zip _____

Phone _____ Fax _____ Email _____

Education:

College _____

Degree _____ From _____ To _____

Additional Training _____

Present Position _____

Hospital _____

From _____ To _____

Hospital _____

From _____ To _____

Member of Following Medical & Surgical Societies:

Signatures from two members of MSTCVS:

1) _____

2) _____

**Please return application and
\$100 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
akemppainen@msms.org

Office Use Only Date app. rec'd _____ Date mailed to exe. comm. members _____ Committee Action: Approved: _____ Deferred: _____ Dropped: _____ _____ Associate
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