



International Society for
Minimally Invasive Cardiothoracic Surgery

MEMBERSHIP APPLICATION

Please return this form to the central office with your resume and a letter from a current ISMICS Member (Active and Affiliate Members Only) who can support your application.

Please mark your Category:

Name of Sponsor: _____

ACTIVE: Annual Dues: \$350

AFFILIATE: Annual Dues: \$100 (*Medical Assistants, Perfusionists, Nurses*)

CANDIDATE: Annual Dues: \$100 (*Fellows/Residents/Medical Students*)

GENERAL INFORMATION (PLEASE WRITE LEGIBLY)

Name: _____
Prefix First Name Last Name Suffix

Position/Title: _____

Name of Institution/Office: _____

Office Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Date of Birth: _____

PREFERRED MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

PROFESSIONAL SPECIALIZATION (PLEASE MARK ONLY ONE)

Cardiothoracic Surgeon

Congenital Heart Surgeon

Anesthesiologist

Scientific Investigator

Cardiologist

Thoracic Surgeon

Other (please specify): _____

TYPE OF PRACTICE

Private Practice Academic Institution Both Other (Describe): _____

Please Send To:

International Society for Minimally Invasive Cardiothoracic Surgery
500 Cummings Center, Suite 4550
Beverly, Massachusetts 01915 USA

Telephone: 1.978.927.8330 • Fax: 1.978.524.8890

To Complete An Application Online, Visit: <http://ismics.org/join.cgi>