



## ASSOCIATE MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
Last First Middle

Permanent Address (Office) \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_  
*Please note that the above fields are all REQUIRED on your application*

Date Of Birth \_\_\_\_\_

*Please attach your most recent CV to the application. Your CV should include a list of your publications, if applicable.*

**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 CHSS Members 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 CHSS member sponsors endorsing your application***

***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 must accompany this application.***

\_\_\_\_\_  
**Applicant Signature** **Date**

***Please return your completed Application and requested attachments to:***

***Robert Jaquiss, M.D.  
Membership Chair  
Congenital Heart Surgeons' Society  
500 Cummings Center, Suite 4550  
Beverly, MA 01915  
Fax: 978-524-0498  
[Membership@chss.org](mailto:Membership@chss.org)***