



APPLICATION FORM ACTIVE ASSOCIATE AND TRAINEE

EACTS Executive Secretariat

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 Berks SL4 1LU, UK Fax: +44 (0)1753 620 407
 Website: www.eacts.org E-mail: info@eacts.co.uk

Deadline for Receipt of Applications 30 April.

PERSONAL DETAILS

Family Name	First Name
Date of Birth	Title (<i>Prof/Dr/Mr./Ms</i>)

Important Notes:

Forms must be legible
 Complete forms in
 CAPITAL LETTERS &
 Black Ink

I wish to apply for
 EACTS Membership
 in the Category
 indicated below

Active	
Trainee	
Trainee to Active	
Associate (Scientist)	
Associate Perfusionist	

I am a member of STS.	
Member Number:	

CONTACT DETAILS

Address	
City	Post Code/ZIP
Country	
Tel. (incl. Country code)	Fax: (incl. Country code)
Email (Required)	

CURRENT APPOINTMENT

Hospital	Years
Teaching	Years

PROFESSIONAL EDUCATION

Medical School	Years
Surgical Training	Years
Research Training	Years

Note for

Members of EBCCP.

Complete the following:

Personal Details

Contact Details

Current Appointment

Sign and Date form.

CERTIFICATION The

EACTS Executive

Secretariat will forward this

application for signatures

of two official

representatives of the

EBCCP and signature of

one official representative

of the EACTS.

TYPE OF PRACTICE (please circle appropriate text)

Predominantly Thoracic	Predominantly Cardiac	Cardio-Thoracic
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TRAINEE ONLY

I will complete my training in (state year)	
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TRAINEE TO ACTIVE ONLY

I was admitted as a Trainee member in (state year)	
I commenced working as an independent surgeon in..(state year)	

MEMBERSHIP OF PROFESSIONAL SOCIETIES (list no more than eight)

SPONSORS

Sponsor 1

Last Name	First Name	Title (Prof/Dr/Mr/Mrs)
Institute		Country
Signature of Sponsor		Date
I being a member of the European Association for Cardio-Thoracic Surgery do from my personal knowledge recommend this candidate for membership of the Association.		

Sponsor 2

Last Name	First Name	Title (Prof/Dr/Mr/Mrs)
Institute		Country
Signature of Sponsor		Date
I being a member of the European Association for Cardio-Thoracic Surgery do from my personal knowledge recommend this candidate for membership of the Association.		

Sponsor 3

Last Name	First Name	Title (Prof/Dr/Mr/Mrs)
Institute		Country
Signature of Sponsor		Date
I being a member of the European Association for Cardio-Thoracic Surgery do from my personal knowledge recommend this candidate for membership of the Association.		

Signature of Applicant

	Date
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Sponsor Requirements

Active, Trainee Associate (Scientist)
Require sponsors
(Sponsors not required for STS members)

3 sponsors are required

Sponsors must be EACTS members who are either Active, Honorary, or Senior members.

Applicants for Active and Associate membership:

One Sponsor shall be from a country other than your own.

REQUIREMENTS in addition to application form.

Active & Trainee to Active

National Board Certificate

Trainee to Active

Letter from Head of Department/ or Trainer, stating that applicant is a practicing Cardio-Thoracic Surgeon

Active & Trainee to Active

Provide reference in English of one of your publications which is quoted in the Index Medicus.

Active & Trainee

Support of three Active, Honorary or Senior members

Submit by 30 April