

Membership Application Form for SATS



MEMBERSHIP APPLICATION FORM

SCANDINAVIAN ASSOCIATION
FOR THORACIC SURGERY

Last name	
First name	
Date (Year) of birth	
Country of birth	
Title	
Institution	
Street	
City	
Postal Code	
Country	
Telephone	
Fax	
E-mail	
Reference	
Position	

As reference state your superior or a member of SATS who knows you well in position make it clear which speciality and whether you are in training or fully trained.

Date: ___ ___ ___

Signature: _____

Approved

Date: ___ ___ ___

Signature: _____

(Secretary General)
