



**Massachusetts Thoracic Society
Membership Application/Dues Renewal 2008-09**

Name _____

Home Street Address _____

City/State/Zip _____

Home Telephone _____

Cell Phone _____

Affiliated Institution _____

Position/Title _____

Business Street Address _____

City/State/Zip _____

Business Telephone _____ FAX _____

E-Mail Address _____

Preferred Mailing Address _____ Home _____ Business

Education/Degree/Profession _____ MD _____ PA _____ NP _____ RN _____ RRT

_____ CRT _____ PT _____ Other (please identify) _____

Certifications: Primary _____

Secondary _____

Special Interests: _____

Are you interested in participating in the MTS Speakers Bureau? _____ YES _____ NO

Select One: _____ New Member _____ Renewing Member _____ Senior Member (No Dues)

Send completed application form with a check for dues (**\$40/year**) **made payable to American Lung Association of Massachusetts (ALAM)** or charge to my ___ VISA, ___ MasterCard, ___ American Express, ___ Discover.

Account # _____ Expiration Date _____

Signature as on credit card

Date

Mail to: Cathy Flood, Massachusetts Thoracic Society/American Lung Association of Massachusetts,
460 Totten Pond Road, Suite 400, Waltham, MA 02451; **Fax to:** 781-890-4280