



Oklahoma Thoracic Society

A chapter of the American Thoracic Society

MEMBERSHIP APPLICATION

Please print

Name (First, Middle, Last): _____

Degree: _____ Specialty: _____

Profession: Attending Physician Resident Fellow Respiratory Therapist Scientist

Organization: _____

Present position: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

Area of Interest: _____

Email Address: _____

PAYMENT INFORMATION

Annual Membership Fee: \$50

Amount Enclosed: \$ _____ Resident/Fellow (Fee is Waived)

Payment: Cash Check Credit Card

Card # _____ Exp. Date: ____/____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

Please return completed form and payment (if applicable) via mail, fax or email to:

Oklahoma Thoracic Society

Attention: Delisa McKinzie

920 Stanton L Young BLVD, WP 1310 Oklahoma City, OK 73104

Fax: 405.271.5892

Delisa-McKinzie@ouhsc.edu

FOR OFFICE USE ONLY

Date Received: _____ Date Approved: _____ Date Filed: _____