German Society for Thoracic and Cardiovascular Surgery

Application for Admission

German Society for Thoracic- and Cardiovascular Surgery
Attn.: Prof. Dr. med. J. Cremer
Secretary of the Society
Dept. Of Cardiovascular Surgery
University Hospital Kiel
Arnold-Heller-Street 7
24105 K i e l

Herewith I apply for a full membership in the German Society for Thoracic- and Cardiovascular Surgery:

The following members of the Society are my guarantors:

1. _____ _____
(name of the guarantor) *(Signature of the guarantor)*

2. _____ _____
(name of the guarantor) *(Signature of the guarantor)*

I agree with the aims and purposes of the Society.

Last and first name of the applicant: _____

Birthday: _____

academic degrees: _____

Profession: _____

Institution: _____

Clinic: _____

Street/City/Country: _____

Phone/Fax: _____

E-Mail: _____

Private address: _____

priv. Phone/Fax: _____

priv. E-Mail: _____

_____ _____
(Signature) *(City, Date)*