



Salutation (Dr., Mr., Ms., Mrs., etc.)*	First Name*	Middle Initial	Last Name*				
Professional Designation (e.g. MD, F	Ph. D, Pharm D, BCPS)	Gender*:	Male FemaleB	irth Date (mm/dd/yyyy)			
Work Address*	Preferred Mailing Address	Home A	Address Preferre	ed Mailing Address			
Work Address	Treferred Mailing Address	Home F	Addiess Treiene	a Mailing Address			
Work E-Mail Address		Personal E-	Mail Address				
Company/Institution		 					
Street Address (Line 1)		Street Addr	ess (Line 1)				
Street Address (Line 2)		Street Addr	Street Address (Line 2)				
Street Address (Line 3)		Street Addr	ess (Line 3)				
City	State/Province	City	8	State/Province			
Country	Zip/Postal Code	Country	Zip/Postal Code				
Telephone (Include Country Code if o	utside the US)		(Include Country Code if outside the US)			
		·					
Education*							
Degree	School/Institution			Year Graduated			
Degree	School/Institution			Year Graduated			
If applying for trainee member	rehin (required)* Cradu	nto Intern/Pagis	lent Fellow	Madical Student			
	rship (required)* Gradua	ate Intern/Resid	ent renow	Medical Student			
Frainees: Name of Instituti	on*	City, State, Country	Training Program Ends Month/Year*				
Board Certifications: _							
Area of Professional W	ork or Training						
Advocacy	Clinical Microbiology	Immunology	Pharmacology	Rehabilitation			
Allergy and Immunology	Clinical Practice	Infectious Disease	Pharmacy	Research - Basic Science			
Anesthesiology	Critical Care - Adult	Informatics/Info Systems	Physical Therapy	Research - Clinical			
Assistant Professor	Critical Care - Other	Internal Medicine	Physician Assistant	Research - Epidemiolog			
Associate Professor	Critical Care - Pediatric	Journalism	Physiology - Cellular	Resident			
Basic Microbiology	Dentistry	Law	Physiology - Integrative/Organ	Respiratory Therapy			
Behavioral Sciences	Education/Teaching	Marketing	Post Doc	Retired			
Biochemistry	Emergency Medicine	Neonatology	Preventive Medicine	Sleep Medicine			
Biomedical Engineering	Environmental Medicine	Neuroscience	Psychiatry	Social Sciences			
Biophysics	Epidemiology	Nursing	Psychology	Student, Non-Physician			
Biostatistics	Family Medicine	Occupational Medicine	Public Health	Surgery, Other			
Business/Management	Genetics	Oncology	Pulmonary - Adult	Surgery, Thoracic			
	Geriatrics	Palliative Care	/*	-			
Cardiology - Adult			Pulmonary - Pediatric	Surgery Tachnician/TachnicalSu			
Cardiology - Other	Health Policy	Pathology	Quality Improvement	Technician/TechnicalSu			
Cardiology - Pediatric	Health Regulation	Pediatrics	Radiology	Veterinary Medicine			
Cell and Molecular Biology	Hospitalist						

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Name			Email				
Work Setting							
Academic (Private)	Hospital - University		Government - Of		Practice - Group Practice - Individual		
Academic (Public)	НМО						
Community Health Center	Government - Federal		Military		Professional Society		
Hospital - Community	Government - International		Industry/Pharma		Veterans Affairs	Veterans Affairs	
Hospital - Other	Government - Local		Non-Governmen	Non-Governmental C		Other:	
Assemblies (Choose 1 Prim	ary and up	to 2 Secondary Assem	nblies)				
Primary* Secondary			Primary* Se	condary			
Allergy Immunology & Inflammation				-	ary Rehabilitation		
Behavioral	alth Services Research		Respira	tory Cell & Molecular Biology			
Clinical Pro			Respira	tory Structure & Function			
Critical Care			Sleep, F	Respiratory & Neurobiology			
Environmen	onal & Population Health		Thoraci	c Oncology			
Microbiolog	y, Tuberculos	sis & Pulmonary Infection	S	Pediatrics			
Nursing				Pulmonary Circulation			
Sections (choose as many as you wis	h)						
Genetics and Genomics		Medical Education	Te	rrorism and Inhala	tion Disaster		
Payment					\		
Domestic Dues		International Due	ae1				
Full Member	\$375	Full Member - F		USD \$300	¹ International mem	phore rocaiva	
Affiliate	\$200		ntermediate Income	USD \$100	electronic journal		
Trainee - First Year Free ²	\$0	Full Member - L		USD \$40	Refer to country/r international mem		
(Then \$100/year while in trail		Trainee - First Y		USD \$0		J	
		(Then \$40/year w		υσυ φυ	² First time membe	rs only.	
Oual Membership							
Members of the European Respir nternational member - High Inco Domestic member (\$375) or Full	me (\$300) re	eceive a 15% discount	t. Members of the An	nerican College			
Choose one, if applicable:	ERS	APSR	ACP	Member ID:		_	
Check enclosed payable	to American ⁻	Thoracic Society	Visa	Mastercar	d AMEX	Discover	
Dues \$_			Nome on Card				
			Name on Card				
ATS Foundation gift (optional) \$_			Card Number*		Security Code*	Exp. Date	
			Card Nulliber		Security Code"	Exp. Date	

Join ONLINE at www.thoracic.org or E-MAIL completed application to membership@thoracic.org or FAX to 212.315.8689 Mail to: American Thoracic Society, Attn: Membership Dept., 25 Broadway, 18th Fl., New York, NY 10004 USA For questions please contact the Membership Concierge at 212.315.8684 or membership@thoracic.org

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